**BOARD OF SUPERVISORS**

Brown County

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**HUMAN SERVICES COMMITTEE**
**Wednesday, August 26, 2009**
**6:00 p.m.**
**Room 200, Northern Building**
**305 E. Walnut Street**

I. Call Meeting to Order.

II. Approve/Modify Agenda.

III. Approve/Modify Minutes of July 22, 2009.

**Comments from Public**

**Report from Human Services Chair, Patrick Evans**

1. Review Minutes of:
   a. Aging & Disability Resource Center Board (July 15, 2009).
   b. Children with Disabilities Education Board (June 23, 2009).
   c. Community Options Program Planning Committee (July 27, 2009).
   d. Human Services Board (July 21, 2009).
   e. Human Services Board (August 13, 2009).
   f. Veterans' Recognition Subcommittee (July 14, 2009).

**Communications**

2. Communication from Supervisor Evans re: To appropriate additional funding for a security detail to monitor the CTC during a period of when the construction companies leave the facility until the facility is occupied—a period of 2 to 3 weeks (referred from July County Board Meeting).

3. Executive Committee Report: Item #3a(c)—To pursue an Operational and/or Management RFP for the Mental Health Center (referred from July County Board Meeting).

#3a Communication from Supervisor Scray re: Review Brown County requirements of ID when applying for any Social Services from the County. Discuss the possibility of making Brown County requirements of ID stricter to prevent fraud.

**Aging & Disability Resource Center**

4. Revenue & Expense Reports of June 30, 2009, and July 31, 2009.

**Veterans Dept.**

5. Report from Jerry Polus and 3 Veterans Commissioners.

**Human Services Dept.**

6. Request for Budget Transfer (#09-60): Interdepartmental Transfer (including contingency or general fund transfers): Request to cover the Community Programs 2008 deficit in the amount of $434,516. Major contributors to the shortfall were program expenditures in our alcohol and drug abuse and alternate care purchased services. See attached for additional details.
7. Dixon Hughes RFP.
8. Family Care Update.
9. Community Treatment Center Update.
10. Mental Health Center Statistics (July 2009).
11. Bellin Psychiatric Monthly Report (July 2009).
12. Approval for New Non-Continuous Vendor.
13. Request for New Vendor Contract.
14. Monthly Contract Update.
15. Financial Report for Community Programs.
16. Financial Report for Mental Health Center.
17. Director's Report

**Health Dept.** – No Agenda Items.
**Syble Hopp School** – No Agenda Items.

**Other**

18. Audit of Bills.
19. Such other Matters as Authorized by Law.

Patrick Evans, Chair

**Notice is hereby given that action by Committee may be taken on any of the items which are described or listed in this agenda.**

**Please take notice that it is possible additional members of the Board of Supervisors may attend this meeting, resulting in a majority or quorum of the Board of Supervisors. This may constitute a meeting of the Board of Supervisors for purposes of discussion and information gathering relative to this agenda.**

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**PROCEEDINGS OF THE BROWN COUNTY**
**HUMAN SERVICES COMMITTEE**

Pursuant to Section 19.84 Wis. Stats., a regular meeting of the **Brown County Human Services Committee** was held on Wednesday, July 22, 2009 in Room 200 of the Northern Building – 305 East Walnut Street, Green Bay, Wisconsin

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**Present:** Jesse Brunette, Pat Evans, Tom Lund, Pat LaViolette, Pat Moynihan
**Excused:** Steve Fewell, Julie Knier
**Also Present:** Tom Hinz, Jayme Sellen, Tom Eggebrecht, Kathy Deniel, Sunny Archambault, Captain David Konrath, Sheriff's Dept

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I. **Call Meeting to Order:**
The meeting was called to order by Chairman Pat Evans at 5:32 p.m.

II. **Approve/Modify Agenda:**

**Motion made by Supervisor Moynihan and seconded by Supervisor Lund to approve. MOTION APPROVED UNANIMOUSLY**

III **Approve//Modify Minutes of June 24, 2009:**

**Motion made by Supervisor LaViolette and seconded by Supervisor Lund to approve. MOTION APPROVED UNANIMOUSLY**

**Comments from Public/Such Other Matters as Authorized by Law:** None

**Report from Human Services Chair, Patrick Evans:**
Chairman Evans acknowledged the resignation of Tom Eggebrecht effective the end of July. Mr. Eggebrecht has accepted a position with Sheboygan County. Thanks were given to him by the committee for his service to the Human Services Department and to Brown County.

1. **Review Minutes of:**
   a. **Aging & Disability Resource Center Board (6/25/09)**
   b. **Aging & Disability Resource Center Program Committee (6/25/09)**
   c. **Human Services Board (6/18/09)**

**Motion made by Supervisor LaViolette and seconded by Supervisor Lund to receive and place on file 2a, b, & c. MOTION APPROVED UNANIMOUSLY**

2. **Update from Captain David Konrath, Professional Division of the Sheriff's Department:**

Because of issues brought up at the Executive Committee meeting regarding the move from the Mental Health Center to the Community Treatment Center, Captain David Konrath, Director of Professional Standards Division of the Brown County Sheriff's Department, explained that he was asked by County Executive

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Hinz to address the needs involved with this move due to his experience as Jail Administrator at the time of the transfer to the new Brown County Jail.

Konrath explained that focus is on the logistics of the move and that he is acting as facilitator, presently meeting with division heads every two weeks to identify and address needs. The move will take place over four days beginning October 8th, Thursday/Friday - Administration and Outpatient, Saturday – Nursing Home patients, and Sunday - Hospital patients. Sworn Deputies from the Sheriff's Transport Team will be used to move patients.

Chairman Evans asked about security during the time the building is completed and the move occurs and Konrath stated that the county will take control of the building and provide security during this time. Evans stated he would submit a communication in this regard.

**Motion made by Supervisor LaViolette and seconded by Supervisor Brunette to receive and place on file. MOTION APPROVED UNANIMOUSLY**

**Communications:**

3. **Communication from Supervisor VanderLeest re: Request for each Standing Committee to forward a list of priorities to the County Executive for preparation of the 2010 budget (referred from June Human Services Committee):**

**Motion made by Supervisor Lund and seconded by Supervisor Moynihan to receive and place on file. MOTION APPROVED UNANIMOUSLY**

**Aging & Disability Resource Center:**

4 **Grant Application Review (#09-30) MIPPA:**

Sunny Archambault explained that through the Medicare Improvement for Patients and Providers Act (MIPPA), grant money was made available to each county for purposes of outreach and education for the Part D Low Income Subsidy (LIS) and Medicare Savings Program (MSP). These efforts will help connect low income Medicare recipients with benefits that will reduce their out of pocket medical costs and assist them in paying Medicare premiums. DHS has requested the ADRC of Brown County provide outreach to Kewaunee County residents and will be granted their portion of the grant for said activities. The total grant is for $19,000, with Brown County receiving $12,000, and Kewaunee County $7,000 for the two year term.

**Motion made by Supervisor LaViolette and seconded by Supervisor Moynihan to approve. MOTION APPROVED UNANIMOUSLY**

**Human Services Dept.**

5. **Request for Budget Transfer (#09-39): Interdepartmental Transfer (including contingency or general fund transfers): On February 27, 2009, the County Board approved the transfer of Planning, Evaluation, and Quality Management Director position from the Human Services Table of Organization to Human Resources:**

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This interdepartmental transfer has no fiscal impact and was approved by the County Board on 2/27/09.

**Motion made by Supervisor LaViolette and seconded by Supervisor Moynihan to approve. MOTION APPROVED UNANIMOUSLY**

6. **Decision regarding Retention of Excess Nursing Home Beds:**
Tom Eggebrecht explained that the new CTC is designed to hold 63 nursing home beds. There are actually 80 beds in the inventory, meaning that under State rules bed tax is paid on all beds held under license. A chart was distributed (attached) showing that bed tax in June of 2009 was $75 per bed per month. Effective July 2009, this tax increases to $150 per bed per month, and in July of 2010 twill increase to $170 per bed per month.

There are 17 beds under license that are not being used and which may never be used, or a total impact of $2,550 in 2009 - $30.000, which will increase to $2,890 in 2010, or $35,000 of impact. Eggebrecht further explained that if beds are held which are not being used, Medicaid reimbursement cannot be recovered for hospital days. Over a five year period, this could amount to approximately $200,000, or $400,000 over a ten year period. It is his understanding that the opportunity to buy beds in the future may be very difficult and perhaps non-existent.

When asked his opinion, Eggebrecht stated that if considering the new Family Care Program and the unknowns with nursing home delivery, and a large Medicaid population who will be served under Family Care, he would recommend giving up the 17 nursing home beds and discontinuing the tax.

**Motion made by Supervisor LaViolette and seconded by Supervisor Lund to eliminate 17 excess nursing home beds and associated tax. MOTION APPROVED UNANIMOUSLY**

- Chairman Evans announced that Supervisor Carol Andrews will replace former Supervisor Rich Langan on the Family Care Sub-Committee.

7. **RFP for Diversion Facility:**
Information related to an RFP for Diversion Facility was reviewed as included in packet material. Mr. Eggebrecht explained that the Department is seeking a vendor to provide residential crisis services for acute crisis program beds, crisis stabilization beds, and social detoxification beds, in addition to a need for a stabilization bed for consumers with behavioral issues. If approved, the RFP will go before the County Board in August.

**Motion made by Supervisor LaViolette and seconded by Supervisor Brunette to approve. MOTION APPROVED UNANIMOUSLY**

8. **Family Care Update:**
Eggebrecht reiterated that the State has given the region $400,000 to be used to hire a Planning Director. Shawano County has been established as fiscal agent and is in charge of that hiring. Every County is required to have an ADRC in order to be certified to perform family care, although Eggebrecht expressed

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concern that the State budget will allow for this expansion or development. Brown County does have an ADRC. Given that, program start may be put off until after July of 2011.

Gene O'Leary will be assigned as a delegate to the planning group.

**Motion made by Supervisor LaViolette and seconded by Supervisor Lund to receive and place on file. MOTION APPROVED UNANIMOUSLY**

9. **Community Treatment Center Update:**
The following updates were given:
- Kathy Deniel was introduced as the new Nursing Home Manager.
- Transfer of the MHC to the CTC is progressing as reported by Captain David Konrath.
- Dr. Mannem will be retiring the end of July, although is interested in returning after 30 days on a contract basis. He is working with HR in this regard.

**Motion made by Supervisor LaViolette and seconded by Supervisor Moynihan to receive and place on file.**
**MOTION APPROVED UNANIMOUSLY**

10. **Mental Health Center Statistics (June 2009):**

**Motion made by Supervisor Brunette and seconded by Supervisor Moynihan to approve. MOTION APPROVED UNANIMOUSLY**

11. **Bellin Psychiatric Monthly Report (June 2009):**
A report from Linda Roethle states that the Psychiatric Center did not transfer any involuntary adolescents to other institutions, nor were any admissions refused in the month of June.

**Motion made by Supervisor LaViolette and seconded by Supervisor Brunette to receive and place on file. MOTION APPROVED UNANIMOUSLY**

12. **Approval for New Non-Continuous Vendor:**

**Motion made by Supervisor Lund and seconded by Supervisor LaViolette to approve. MOTION APPROVED UNANIMOUSLY**

13. **Request for New Vendor Contract:**

**Motion made by Supervisor Brunette and seconded by Supervisor LaViolette to approve. MOTION APPROVED UNANIMOUSLY**

14. **Monthly Contract Update;**

**Motion made by Supervisor Moynihan and seconded by Supervisor Lund to approve. MOTION APPROVED UNANIMOUSLY**

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15. **Director's Report:**
Tom Eggebrecht reported that Diane Pivonka will return Monday, 7/27/09, as the Long Term Support Supervisor.

A draft budget was presented to the Human Services Board on 7/21/09. After factoring in State funding and levy reductions, revenue and expense adjustments, the result is approximately $2.6 million in adjustments to Community Programs, and $1.9 million for the Mental Health Center. The budget will go to the County Executive at the end of this week. All discretionary programs were maintained, which Eggebrecht pointed out rely on fund balance.

**Motion made by Supervisor Brunette and seconded by Supervisor Lund to receive and place on file. MOTION APPROVED UNANIMOUSLY**

**Health Dept.** No agenda items
**Syble Hopp School** No agenda items
**Veterans Dept**. No agenda items

**Other:**
16. **Audit of Bills:**
Bills were not present for review.

**Motion made by Supervisor Lund and seconded by Supervisor Moynihan to approve. MOTION APPROVED UNANIMOUSLY**

17. **Such Other Matters as Authorized by Law:**

**Motion made by Supervisor Lund and seconded by Supervisor Moynihan to adjourn at 6:10 p.m. MOTION APPROVED UNANIMOUSLY**

Respectfully submitted,

Rae G. Knippel,
Recording Secretary

III

**PROCEEDINGS OF THE AGING & DISABILITY RESOURCE CENTER OF BROWN COUNTY BOARD MEETING** **July 15, 2009**

**PRESENT:** Patricia Finder-Stone, Keith Pamperin, Pat Cochran, Tom Diedrick Bill Clancy, Steve Daniels, Judy Parrish

**EXCUSED:** Libbie Miller, Donajane Brasch, Grace Aanonsen, Warren Skenadore

**ALSO PRESENT:** Sunny Archambault, Devon Christianson, Arlene Westphal, Debra Bowers, Denise Misovec, Diana Brown, Jennifer Nelson

**PLEDGE OF ALLEGIANCE.**

Chairperson Diedrick called the meeting to order at 8:30 a.m.

**ADOPTION OF AGENDA:** A motion was made by Ms. Cochran and seconded by Ms. Parrish to adopt the July 15, 2009 agenda. **MOTION CARRIED.**

**INTRODUCTIONS:** Introductions were made by board members and others present.

**APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF June 25, 2009:** Ms Finder-Stone moved and Ms. Cochran seconded to approve the minutes of the regular meeting of June 25, 2009. **MOTION CARRIED.**

**REVIEW OF DRAFT 2010-2012 AGING/ADRC PLAN:** Ms. Archambault stated that the deadline for submission of our 2010-2012 Aging /ADRC Plan was later than she had reported and that the plan materials would be ready for the August meeting. She distributed a survey which has been circulated in an attempt to gather comments from the community regarding senior issues. Although the response to this date has not been overwhelming, the top four needs have been identified as transportation, medications costs, housing and physical activity. Ms. Archambault suggested the board look at what we can do in the future to advocate for these senior issues.

**REVIEW AND APPROVAL OF 2010 ADRC BUDGET:** Ms. Archambault distributed a summary of the revisions made to the 2010 ADRC Budget that had been presented at the June meeting. Changes based on the County Executive's budget packet include: a 2% salary increase which will be offset with a savings in insurance charges; a $17,000 increase in county charge backs for IS and insurance; and a decrease of $58,901 in county indirect costs. The levy target of $981,031 is $87,323 less than the 2009 levy.

Other changes from the June draft budget include a decrease in utilities based on current usage and a slight increase in postage and site rental expense. To balance the budget, it was necessary to eliminate the contract for Resource Development. In addition, she is proposing that the ADRC be closed the day after Thanksgiving resulting in a savings in salary and fringe, food costs, meal delivery and kitchen supplies of $7,874.

N.E.W. Curative Older Americans Adult Day Care Program was cut $10,000 from their request.

Under the revenue portion of the budget, Ms. Archambault explained that the numbers under the Title III Programs are projections and will probably change. The Alzheimer's Grant was decreased by $2,931 from 2009. Restricted funds, transportation trust and restricted-prevention dollars are all dollars we have received and will come from fund balances. While

the county levy will be decreased by $87,000, we will receive $53,000 in Nutrition Stimulus Funds in 2010.

Ms. Archambault reported that with all of these expense and revenue adjustments taken into consideration, the ADRC draft budget totals $4,604,622.

Ms. Archambult concluded by giving a brief summary of how costs are allocated to each program based on staff as well as how revenues are allocated to program areas.

Mr. Daniels moved and Ms. Finder-Stone seconded to approve the 2010 ADRC Budget. **MOTION CARRIED.**

**LEGISLATIVE UPDATE:** Ms. Finder-Stone gave a brief summary of the affects of Governor Doyle's 2009/2011 State Budget on the programs and services for the elderly. She highlighted SeniorCare, Family Care, the Benefits Specialist Program, the Elderly and Disabled Transportation Programs, the Guardianship Support Center, the Board on Aging and Long-Term Care, the Homestead Tax Credit, Badger Care Plus/Childless Adults, the Alzheimer's Family and Caregiver Support Program, and the Property Tax Exemption for Senior Housing.

**DIRECTOR'S REPORT:** No report.

**GREATER WISCONSIN AGENCY ON AGING RESOURCES (GWaar) NETWORK NOTES:** No report.

**ANNOUNCEMENTS:** Ms. Finder-Stone announced that the Coalition of Wisconsin Aging Groups (CWAG) will be holding their 2009 Annual Convention on July 23-24, 2009 at the Radisson Hotel & Conference Center in Green Bay. Mr. Diedrick added that he, along with Kitty Barry from Options for Independent Living, will be presenting on "Technology" on Friday morning.

Mr. Diedrick also thanked board members for their advocacy for changing the wording from a *reduction* to a *lapse* in dollars going to Independent Living Centers in Governor Doyle's proposed budget. He noted that Representative Montgomery played a key role to see that this change was made.

**NEXT MEETING DATE – August 27, 2009:** The next ADRC Board of Director's Meeting will be held on Thursday, August 27, 2009.

**ADJOURN:** Sup. Clancy moved to adjourn and Ms. Parrish seconded. **MOTION CARRIED.** The meeting adjourned at 9:11 a.m.

Respectfully submitted,

Arlene Westphal, Secretary

PROCEEDINGS OF BROWN COUNTY CHILDREN WITH DISABILITIES EDUCATION BOARD: A regular meeting was held on: Tuesday, June 23, 2009
Present: J. Van Sistine, B. Clancy, M. Greenlaw, S. King
Excused K. Prast
Also Present: B. Natelle, S. Goron, S. Keckhaver, T. Gehring

1. Call to order – 4:00 p.m. – J. Van Sistine.

2. Action Item: Approval of Board Minutes May 26, 2009: S. King moved to approve the minutes of the May 26, 2009 Board meeting. M. Greenlaw seconded the motion. Motion carried.

3. Correspondence: Thank you letters were read from De Pere Mayor Mike Walsh and Jason Lau, Special Ed Director for West De Pere School District.

4. Action Item: Approval of Agenda: B. Clancy moved to approve the agenda as presented. M. Greenlaw seconded the motion. Motion carried.

5. Action Item: Nomination of Officers: B. Clancy moved to nominate J. Van Sistine as Chairperson and K. Prast as Clerk. S. King seconded the motion. Motion carried and passed by unanimous consent.

6. Election of CDEB Officers: B. Clancy moved to elect J. Van Sistine as Chairperson and elect K. Prast as Clerk. S. King seconded the motion. Motion carried and passed by unanimous consent.

7. Action Item: Financial Report: B. Clancy moved to accept and place on file the financial report ending May 30, 2009. M. Greenlaw seconded the motion. Motion carried.

8. Action Item: Donations: Francis Webber donated a golf club bag and numerous golf balls to the Hopp Special Olympic Golf Teams.

   Sandy Hagenbach donated a box of freezie pops for the summer programs.

   Gary & Lisa Kiley and family held a golf outing to benefit Spring Mander's classroom. The Kiley Family donated the proceeds of $4,000.

   The following donations were received to purchase a digital camera and accessories for Laurie Sukowaty's classroom: Ervin Kerkhoff $200, Mike Seidl Livestock $100, John Wagner Farms $100, and John Schultz $100.

   Amy Barhite donated a Tripp-Trapp chair to the OT/PT Departments.

   Carla Lieb donated 3 computer software games for student use.

   Dawn Wolfcale donated a large box of yarn.

   Kim Nishimoto donated an adaptive sling swing for a classroom.

PROCEEDINGS OF THE BROWN COUNTY CDEB MEETING JUNE 23, 2009:

Warren Schuster of Greenleaf Landscaping donated his time/labor to install the base for a memorial bench.

Julie Carter of R.R. Donnally donated several boxes of labels and notepads.

The following donations were received for the Pool Fund:

Weyers Family Foundation, Inc. - $20,000
Donald J. & Darlene M. Long Family Foundation - $5,000
Leon H. & Clymene M. Bond Foundation - $17,000
Byron L. Walter Trust - $10,000

M. Greenlaw moved to accept these generous donations. B. Clancy seconded the motion. Motion carried.

9. Administrators Report:

a. B. Natelle reported to the Board that the school will be receiving some stimulus dollars from the school districts. The monies are specific to special education and IDEA.

b. T. Gehring spoke to the Board regarding the annual class trip with his students. After discussion, Board members were in agreement that Mr. Gehring's student's class trip for future years will be to the City of Chicago because of the many offerings of the city. The trip will be referred to as the Chicago Class Trip.

B. Clancy moved to approve the Administrators Report and place on file. M. Greenlaw seconded the motion. Motion carried.

10. Reading Only of revised Board Policy 5.11(a) and 5.11(b) Verify Free and Reduced Price Meal Eligibility and Offer vs Serve Food Service Provisions Policy: S Keckhaver explained the changes to the policy to the Board and stated the policy would be presented to the Board for discussion and approval next Board meeting.

11. Action Item: Hiring of replacement position: B. Clancy moved to Hire Sara Rusch for the position open due to the resignation of L. Lackey. Ms. Rusch is a recent graduate of U.W.-Oshkosh and comes highly recommended. M. Greenlaw seconded the motion. Motion carried.

12. Action Item: Parent Organization: Parents will hold their annual golf outing on July 11th at Hilly Haven Golf Course. They offer a tee time for threesomes. This has been a very success event for the parents.

13. Action Item-Replacement position: None.

PROCEEDINGS OF THE BROWN COUNTY CDEB MEETING JUNE 23, 2009:

14. Action Item: Payment of Bills: S. King moved to pay the bills totaling $127,024.22 General Fund and $2,139.60 Pool Fund expenditures for the month ending May 31, 2009. B. Clancy seconded the motion. Motion carried.

15. Adjournment to Executive Session: The board will move to executive session and reconvene to open session as allowed by WI stats 19.85 (1)(c)(e)(f)(i) to discuss teacher evaluations, negotiations and staff requests. S. King moved to go to executive session and reconvene to open session as allowed by WI stats 19.85 (1)(c)(e)(f)(i) to discuss teacher evaluations, negotiations and staff requests. B. Clancy seconded the motion. Motion carried.

16. Action Item: Retirement: B. Natelle read a letter from J. Koch who was retiring her position as EC teacher. Mrs. Koch has a long rich history with the County as a teacher of children with Cognitive Disabilities and most recently as a teacher of children 3-5 years old. M. Greenlaw moved to accept the retirement with regret. S. King seconded the position. Motion carried.

17. Action Item: Approval of hiring replacement of position due to retirement: S. Goron presented Nicole Williams, a recent graduate of U.W.-Eau Claire as a replacement for the position vacated by J. Koch. Ms. Williams is an excellent candidate that is highly recommended by the department chair. S. King moved to hire Nicole Williams as EC Teacher. M. Greenlaw seconded the motion. Motion carried.

18. Action Item: 2009-2010 Calendar: B. Clancy moved to set the school calendar as presented. M. Greenlaw seconded the motion. Motion carried.

19. Action item: Adjournment: M. Greenlaw moved to adjourn the meeting at 4:50 p.m. S. King seconded the motion. Motion carried.

# PROCEEDINGS OF THE COMMUNITY OPTIONS PROGRAM PLANNING COMMITTEE

A regular meeting of the Brown County Community Options Program Planning Committee took place on Monday, July 27, 2009 at 111 North Jefferson Street, Green Bay, Wisconsin.

**Present**: Carlene Felmer, Sunny Archambault, Helen Desotell, Patricia Hickey, Shirley Richardson, Kristy Robb, Chua Xiong and Tom Eggebrecht

**Absent**: None

**Excused**: Darlene Marcelle

**Others Present**: Diane Pivonka and Mary Rasmussen of BCHSD

Chairperson Carlene Felmer called the meeting to order at 8:33 a.m. with roll call. A quorum was present. Mr. Eggebrecht formally introduced Diane Pivonka who has replaced Marvin Rucker as the COP/Long Term Support supervisor. Mr. Eggebrecht has resigned as of the end of this week to take a position as director of Sheboygan County.

## MODIFICATION/APPROVAL OF AGENDA

**MOTION**: Ms. Desotell moved to approve the agenda as mailed. Ms. Hickey seconded. Motion carried unanimously.

## MODIFICATION/APPROVAL OF MINUTES

**MOTION**: Ms. Richardson moved to approve the June 22, 2009 minutes as mailed. Ms. Archambault seconded. Motion carried unanimously.

## FAMILY CARE UPDATE

Mr. Eggebrecht said Brown County and the group of counties banding with us did receive the $396,000 grant to hire a Family Care Planning Director, and Shawano County has assumed the role of fiscal agent for the grant. They are doing the recruiting for the position, and the hope is that once the Planning Director is on board, the next step will be to hire a Chief Financial Officer. The earliest implementation date is projected to be July, 2011 (the next biennium) but perhaps as late as January of 2012. The current budget contains no new money for expansion of ADRCs, and since the existence of an ADRC in each county is essential for Family Care, this is a problem. Brown County has an ADRC but most of the other counties in our proposed district do not. There are elected representatives from the various county boards meeting every month or two, and although Rich Langan has resigned from the County Board, Carole Andrews will be taking.his place at the Family Care meetings. Mr. Eggebrecht has also asked Jean O'Leary from the BCHSD supervisory staff to be a contact for Family Care.

## CBRF PLACEMENTS

Mr. Eggebrecht said that as a result of the Committee's passing of a resolution last month that automatically approves placements in six CBRF facilities of greater than 20 beds, the Committee no longer needs to

address these placements individually. These facilities are in good standing with the state, and as long as our relationship with them is sound, the Committee simply needs to be notified when we place anyone in them. The list of six facilities may change with additions or deletions in the future, and the Committee will be notified in that event. Mr. Eggebrecht distributed pamphlets from Julie Button on the state's Ombudsman program. Ms. Button's presentation at last month's meeting confirmed that there are no concerns or problems with any of the facilities at this time. Therefore, it will no longer be necessary for the COP Committee to meet twice a month. There was one placement this month at Harmony of Green Bay.

## COP EXCEPTIONAL EXPENSE (HIGH COST) REQUEST

Mr. Eggebrecht said several months ago the Committee had addressed several of these types of requests for items and services above and beyond the consumers' normal ongoing needs. The money comes from unspent COP dollars at the state level, and the state generally allocates various lump sums to counties once a year. Brown County received about $50,000 this year, and we spent that amount with the exception of one consumer who declined the $1,148 earmarked for dental work. Since that consumer will not be using the money, the request today is for that $1,148 to be applied to another consumer's dental expenses. Ms. Hickey asked if there will be COP Exceptional Expense money available during the coming two years. Mr. Eggebrecht said yes because we will continue to administer the program funding the way we have been until Family Care starts.

**MOTION**: Ms. Archambault moved to approve the request. Ms. Desotell seconded. Motion carried unanimously.

## REPORTS

**Current Status of COP Funding** – Mr. Eggebrecht said the latest printed information from Accounting shows we're projected to be under spent by about $213,000 in COP funds, which means we can serve some more waiting list individuals. When considering matching funds at state and federal levels, the $213,000 could translate into close to $500,000.

**Waiting List** – Mr. Eggebrecht explained that the waiting list contains both new people who have never been on service and current recipients who have extra needs.

**Money Expenditures by Target Group** – No discussion.

**MOTION**: Ms. Desotell moved to receive the reports and place them on file. Ms. Archambault seconded. Motion carried unanimously.

## OTHER BUSINESS AUTHORIZED BY LAW

**County Budget Update** – Mr. Eggebrecht said the Human Services Board approved the proposed BCHSD budget request at last week's meeting. The budget then goes on to the County Executive who may make changes before approving it and submitting it to the County Board for final approval. Because of the state's dire financial position, budget cuts have been passed down to counties, but in the wake of the Joint

**PROCEEDINGS OF COMMUNITY OPTIONS PLANNING COMMITTEE – JULY 27, 2009**

Finance Committee's decisions we are in better shape than previously projected. The original projected amount of state reduction was about $1.3 million, but that will be adjusted to around $800,000. We are also facing levy reductions of about 1.7 percent for Community Programs and about 14 percent for the MHC in the new year. Therefore we need to either reduce spending, increase revenue or both.

The county continues to offer about a dozen discretionary programs that are valuable in the community but not mandated. Examples are our financial contributions to Golden House and NEW Community Shelter as well as the Teen Parenting program and Drug Court. The Human Services Board voted to retain those programs, feeling that the benefit to the community outweighs the cost. Therefore we need to apply prior year savings from our fund balance to make up for the shortfall. There will be no cost-of-living increases for our providers, and as a result we could lose some. We reduced a number of currently vacant positions and took away the funding for others. The recruitment is ongoing for a new BCHSD director, and this person will need to decide how the department's future table of organization will look.

Mr. Eggebrecht's opinion is that we need to do a better job of integrating clinical and long term care between inpatient and community services rather than having them function as separate programs. All staff members need to work on both sides of the line to follow consumers in all areas of their lives. We have some challenging consumers who need a high level of service, and this generally means more one-on-one staff time which is expensive and drains on the levy. The bottom line is that for the next year's budget there will not be any increases in funding, but there also will not be any reductions in existing consumer services. Ms Archambault asked how long we could continue relying upon fund balance to meet expenses. Mr. Eggebrecht reported that under Family Care there will be a state five-year buy-down plan of levy overmatch for state long term care programs which should result in future savings or expense reduction with regard to the levy.

Ms. Felmer said she appreciates the budget update from the front end, before it goes to the County Board level. Ms. Richardson asked why some foster children are placed outside of the county. Mr. Eggebrecht said that most children placed through child welfare efforts do not have special needs so limited resource development has been dedicated to specialized local programs. Many counties make referrals to state-wide treatment foster care providers when children with special needs require placement. It is the department's intent to work with local providers to arrange additional training and support for them in hopes of reducing the number of children placed elsewhere. Doing that would reapply the money that is currently going out of county to local providers, producing a benefit, even if it doesn't result in a net cost savings.

Mr. Eggebrecht thanked the Committee for the good experience he's had in working with them during the past few months since Marvin Rucker's position has been vacant. The Committee also thanked Mr. Eggebrecht for his dedication and generation of good ideas for the future of the department.

**MOTION**: Ms. Hickey moved to adjourn. Ms. Robb seconded. Motion carried unanimously. The meeting adjourned at 9:25 a.m.

Respectfully submitted,
Mary Rasmussen

# PROCEEDINGS OF THE BROWN COUNTY HUMAN SERVICES BOARD

Pursuant to Section 19.84 Wis. Stats, a regular meeting of the **Brown County Human Services Board** was held on Thursday, July 21, 2009 in Boardroom A of the Sophie Beaumont Building – 111 North Jefferson Street, Green Bay, Wisconsin

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| | |
|---|---|
| **Present:** | Barbara Bauer, Paula Geishirt, JoAnn Graschberger, Tom Lund, Dottie Schoenleber, Helen Smits, Maria Zehren |
| **Excused:** | Andy Williams |
| **Also Present:** | Tom Eggebrecht – Interim Director, Human Services Department<br>Marian Downing/Kelly Selner/Nan Pahl/Kay Smet/Jill Rowland-HSD<br>Margaret Hoff/Kathy Deniel/MHC |

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1. **Call Meeting to Order:**
The meeting was called to order by Chairman Tom Lund at 5:15 p.m. Board members, along with staff who were present representing the Department of Human Services, and the Mental Health Center, were introduced.

2. **Approve/Modify Agenda:**

**Motion made by B. Bauer and seconded by J. Graschberger to approve the agenda as written. MOTION CARRIED UNANIMOUSLY**

3. **Approve Minutes of June 18, 2009 Human Services Board Meeting:**

**Motion made by J. Graschberger and seconded by M. Zehren to approve the minutes. MOTION CARRIED UNANIMOUSLY**

4. **Approve 2010 Budget Request:**
Tom Eggebrecht referred to the draft budget which was previously distributed to Board members, stating that the levy target was first received on July 7th. Staff has worked diligently to prepare outcomes. State and levy reductions, revenue and expense adjustments resulted in an approximate $2.7 million projected adjustment to Community Programs, and approximately $1.9 million to the Mental Health Center. Eggebrecht stated he has concern for the Mental Health Center operation with deficit related to reduced utilization and high overtime. He pointed out there are few ways to reduce expenses at the MHC other than staff.

Questions by Maria Zehren as to actual figures resulted in Mr. Eggebrecht stating that the total budget for 2009 was $104,921,000, with the 2010 budget year projected at $104,264,000. Reductions came from adjusted revenues and expenses, absorption of state cost increases, and state funding decreases. He estimated this as .8% of the total.

Sections of the Table of Contents were highlighted beginning with Policy Initiatives, SWOT Analysis (Strengths, Weaknesses, Opportunities, & Threats),

Table of Organization, Program Summaries, Budget Initiatives, Graphs, Financial Summaries for Community Treatment Center and Community Programs, Equipment Summary, Grant Information, and Contracts.

Eggebrecht reported that it appears stimulus dollars will not be available for the hospital. In order to meet the levy target several empty positions will remain open, a Clerk I position will be eliminated, etc. Other programs that are under revision and review include those of Economic Support, Adult Protective Services, Aging & Disability Resource Center, Behavioral Health, Child/Family Support, Birth to Three Program, Child Welfare, Shelter Care, etc.

Staffing issues were discussed and possible changes suggested, i.e. decrease in supplemental staff, which include an RN Float Nurse, an RN House Manager, assignment of a half time staff nurse to Community Programs, Health Services RN, a Scheduler.

Eggebrecht explained that hospital revenue will be adjusted downward. Budget has been for 25 patients, however, as count is closer to 20, the budget will assume 22.

It is expected that the new facility may attract revenue enhancement through additional Medicare patients, along with a state adjustment for Medicaid.

Budget adjustment options include items for consideration which could reduce the draw on fund balance. Although there is no recommendation for elimination, they are services which are not mandated by the state. They include Citizens Advocacy, DD Services, Drug Court, Fraud Program, Golden House, Health Families, NEW Community Shelter, Sexual Abuse Counseling, and Teen Parenting Program.

It was suggested by Board members that it would be helpful to have speakers come before the Board in the areas of Drug Court and Teen Parenting specifically.

Mr. Eggebrecht pointed out that none of the providers will receive a cost of living increase.

(See Brown County Human Services 2010 Draft Budget for details. Copies are available through Lori Gauthier at 448-4446.)

**Motion made by P. Geishert and seconded by D. Schoenleber to approve the 2010 Budget Request. MOTION CARRIED UNANIMOUSLY**

5. **Approve Alternative Day & Time for Future Meetings:**
Consensus was to hold meetings the 2nd Thursday of the month at 5:15 p.m. in Board Room A of the Sophie Beaumont Building. See attachment for schedule through 2009.

**Motion made by M. Zehren and seconded by H. Smits to change the day and time for future meetings to the 2nd Thursday of the month at 5:15 p.m. MOTION APPROVED UNANIMOUSLY**

6. **Director's Report:**
Tom Eggebrecht announced that he will be resigning from his position as Director of Community Programs effective the end of July 2009 to take a position with Sheboygan County. Committee members thanked Mr. Eggebrecht for his service to Brown County and wished him well in his new endeavor.

7. **Any Other Matters:**

8. **Adjourn Business Meeting:**

**Motion made by B. Bauer and seconded by P. Geishirt to adjourn at 7:26 p.m. MOTION APPROVED UNANIMOUSLY**

Respectfully submitted,

Rae G. Knippel
Recording Secretary

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**Human Services Board Meeting Schedule**

**Meetings will be held the 2nd Thursday of the month at 5:15 p.m.
In Sophie Beaumont Board Room A unless otherwise notified.**

**August 13**
**September 10**
**October 8**
**November 12**
**December 10**

1d

## PROCEEDINGS OF THE BROWN COUNTY HUMAN SERVICES BOARD

Pursuant to Section 19.84 Wis. Stats, a regular meeting of the **Brown County Human Services Board** was held on Thursday, August 13, 2009 in Lucia Conference Room of the Mental Health Center, 2900 St. Anthony Drive, Green Bay, Wisconsin.

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| | |
|---|---|
| **Present:** | Barbara Bauer, Paula Geishirt, Tom Lund, Dottie Schoenleber, Helen Smits, Maria Zehren |
| **Excused:** | JoAnn Graschberger, Andy Williams |
| **Also Present:** | Mary Johnson, Kevin Lunog, Beth Robinson, Jayme Sellen. |

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As there was not a quorum present, no formal action was taken.

Beth Robinson distributed information concerning the Drug Court. (See attached copy.)

Chair Lund asked that Judge Zuidmulder be put on November's Agenda to make a presentation on the Drug Court.

Respectfully submitted,

Lisa M. Alexander
Recording Secretary

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# Brown County
# Drug Court Program

## ENTRY PROCESS CHART

**Referral Received by a Drug Court Team Member**

**DRUG COURT (DC) TEAM MEMBERS:**

| Team Role | Name | Phone Number |
|---|---|---|
| DC Judge | Hon. Donald R. Zuidmulder | (920) 448-4110 |
| DC Judge | Hon. Marc Hammer | (920) 448-4118 |
| DC Prosecutor | Attorney Beau Liegeois | (920) 448-4190 |
| DC Defense Attorney | Attorney Jeffrey Cano | (920) 448-5433 |
| DC Probation/Parole Rep. | Jed Neuman | (920) 448-5406 |
| DC Probation/Parole Rep. | Pawel Kurkowski | (920) 448-5406 |
| DC Law Enforcement Rep. | Lt. Larry Malcomson | (920) 391-6810 |
| DC Coordinator | Beth Robinson | (920) 391-4849 |
| DC Evaluator | Jeff Grebinoski | (920) 448-6121 |
| DC Treatment Personnel | Kris Hutchison | (920) 391-6946 |

**Refer to Drug Court Prosecuting Attorney to Determine Legal Eligibility**

**NO – Not Legally Eligible** → **Return as Ineligible to Referring Party**

**YES – Legally Eligible**

**Refer to Public Defender (or Defense Attorney) to Discuss with Offender**

**NO – Offender Declines or Other Disqualifying Criteria is Determined** → **Return as Ineligible to Referring Party**

**YES – Offender Consents**

**Refer to Drug Court Coordinator for Clinical Screening / Assessment**

**NO – Not Treatment Eligible or Offender Declines** → **Return as Ineligible to Referring Party**

**YES – Treatment Eligible**

**Refer to a Drug Court Team Staffing/Meeting to Determine if Offender will be Accepted**

**NO – Team Does Not Accept** → **Return as Ineligible to Referring Party**

**YES – Team Accepts**

**Enroll in Drug Court**

Created 06/2009, Revised 07/2009


Brown County
Drug Court Program
"Helping to put the pieces together for building the bridge to success."

# Directions to Access our Webpage

1. **Go to www.co.brown.wi.us**
2. **Click "DEPARTMENTS" from the list on the left side of the screen**
3. **Click "BC Drug Court" from the Departments listed**
4. **The "General Information" page will automatically come up first**
   - **Click "Mission Statement" from the list on the left side of the screen to view our Mission Statement**
   - **Click "Forms & Documents" from the list on the left side of the screen to view the program manual or entry process chart**
   - **Click "Contact Us" from the list on the left side of the screen to email us**

Mental Health Center
2900 St. Anthony Drive
Green Bay, WI 54311

Phone: (920) 391-4849
Fax: (920) 391-4886
robinson_ba@co.brown.wi.us

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# PROCEEDINGS OF THE BROWN COUNTY VETERANS' RECOGNITION SUBCOMMITTEE

Pursuant to Section 19.84, Wis. Stats. a regular meeting of the **Brown County Veterans' Recognition Subcommittee** was held on Tuesday, July 14, 2009, at 5:15 p.m., in Room 200 of the Northern Building, 305 E. Walnut Street, Green Bay, Wisconsin.

PRESENT: Don Bettine, Jim Haskins, Chair Jack Krueger, John Maino, Duane "Snake" Pierce, Sherry Steenbock, John Walschinski.

EXCUSED: Kristen Verhaagh.

ALSO PRESENT: Jerry Polus.

1. **Call Meeting to Order:**
   The meeting was called to order by Chairman Jack Krueger at 5:17 p.m.

2. **Invocation by Jim Haskins.**

3. **Approve/modify agenda:**

   **A motion was made by D. Bettine and seconded by J. Haskins to approve. Vote taken. MOTION CARRIED UNANIMOUSLY.**

4. **Approve/modify minutes of May 12, 2009 and June 9, 2009:**

   **A motion was made by J. Walschinski and seconded by D. Pierce to approve. Vote taken. MOTION CARRIED UNANIMOUSLY.**

(Sherry Steenbock arrived at 5:19 p.m.)

5. **Report from Jerry Polus on final Veterans' Day at the Brown County Fair:**

   Jerry Polus, Veterans Service Officer, stated that he received confirmation from Kathy Kocken, Brown County Fair Committee, that the Great Lakes Navy Band "Horizon" will perform on Saturday (August 22, 2009) for two performances: 3:00 p.m. and 5:15 p.m. The Veterans Ceremony will be the same day. Mr. Polus said he also received confirmation from Commander Mark Stewart of the Navy for the Color Guard to "Post Colors."

Mr. Polus suggested the following program:
(1) The Colors would be brought in;
(2) The Navy Band "Horizon" would perform for about 10-15 minutes;
(3) County Executive Tom Hinz would give a welcome for 3-5 minutes;
(4) The Navy Band "Horizon" would continue the performance; and
(5) Drawings would be held for door prizes.

Mr. Polus suggested that there be no speaker at this year's event, because of the short time allowed for the program.

(John Maino arrived at 5:25 p.m.)

Mr. Polus presented sample posters and the Subcommittee chose one which will be distributed. He said the posters and tickets will be printed tomorrow; on Thursday and Friday there will be a mailing to all veterans' organizations in Brown County. Some posters will be taken to the ADRC (Aging & Disability Resource Center) and will be available for committee members to post at other locations. Larry Heyerman from the Patriotic Society will take some to the Army, Navy, and Marine Corps Reserve Centers.

Mr. Polus said Ms. Kocken told him that the veterans will be given a sticker to put on their shirts when arrive at the Fairgrounds South Gate Entrance; it will have "Thank you, Veterans" with a flag printed on it. He said Ms. Kocken will pick up a poster and ticket to review with her staff.

Don Bettine asked if there would still be refreshments available. Mr. Polus suggested lemonade and possibly donuts or cookies as in the past. Mr. Polus will follow up on this.

Discussion took place regarding advertising. Chair Krueger asked Mr. Polus to review with Ms. Kocken the possibility of including the Veterans Ceremony in the advertisements and printed schedules. John Maino said he would provide advertising through the Midwest stations. Chair Krueger will contact Cumulus and the local television stations. Mr. Maino suggested that the television stations be contacted right away to promote this. Promotional announcements should begin the first week of August and then again a week before the Fair.

Mr. Bettine asked about the set-up. Mr. Polus said, "because we are not going to be in the midway," he is planning to set up some tables off to the side with benefit information for veterans, registration for door prizes, and an area to sell t-shirts, bumper stickers, etc. Mr. Haskins offered to be available to hand out tickets for the door prizes.

Chair Krueger said Ryan Funeral Home picked up the cost for the band this year; so there would be additional funds available for door prizes and/or refreshments. Regarding the door prize drawing, it was decided that the two-part coupon tickets would be distributed at the tables to anyone wearing a sticker, and Chair Krueger will obtain the coupons to be used. John Maino will conduct the drawing.

**6. Report from John Maino, if available:**

Mr. Maino offered to purchase new shirts and took sizes from the members.

**7. Monthly Report from CVSO Jerry Polus:**

Mr. Polus had no additional items to report.

**8. Report from Chair Jack Krueger:**

Chair Krueger reported some information on the Yellow Ribbon program. This program offers those people who have served in the armed forces since 9/11/2009 the opportunity to receive a free education. Mr. Polus added that this new Post-9/11 Bill has three main elements to it. It pays:
(1) tuition and fees directly to the school at the rate of $663 per credit;
(2) a housing allowance (For schools in the Green Bay area, that equals $911 per month.); and
(3) books and fees stipend in the amount of $1,000.

Mr. Polus stated that there are some additional requirements, and he is meeting with some of the schools in the area to discuss this with them.

**9. Report from Committee Members:**

Duane Pierce reported that last Saturday the Viet Nam Vets of America had a charity ride; and Rolling Thunder gave over $1,000 in cash and toys to the Marines for the Toys for Tots program.

Mr. Maino said that one of the groups he is working with is looking for surgical/medical gloves to ship to Iraq and asked if anyone had any contacts. He added that he would be willing to pick them up if needed.

John Walschinski offered to design artwork involving a motorcycle with Brown County Veterans. Chair Krueger said this should be put on the September meeting agenda, so it will be ready for Veterans' Day.

Jim Haskins read a newspaper article concerning a golf event that raised over $30,000 for veterans' organizations, and another article concerning the L. Z. (Landing Zone) Lambeau event to be held on May 21, 2010.

Mr. Pierce said Rolling Thunder has been asked to help with the ride from LaCrosse for the L. Z. Lambeau event. He also indicated that there has been conversation with the Green Bay Packers organization to have a couple of POW flags displayed at Lambeau Field.

Mr. Pierce said the Viet Nam Moving Wall was in Marinette during the July 4th weekend, and Rolling Thunder was honored to perform the POW Table Ceremony for about 300 people during that event.

Mr. Bettine said the Admiral Flatley Park and statue was dedicated recently, and he heard the City will put pavers around it.

Mr. Polus said the Veterans Center for counseling and therapy (1600 S. Ashland Avenue) is hoping to open August 1, 2009; and a grand opening is tentatively scheduled for August 24, 2009.

Mr. Maino asked for assistance for a bus trip for a group of veterans at the facility in Tomah, Wisconsin. Chair Krueger said he may be able to offer some suggestions and will contact Mr. Maino. Mr. Polus also said he may be able to provide some assistance, and Mr. Pierce said he may be able to provide some assistance through Rolling Thunder as well.

Mr. Polus showed some polo shirts and sweatshirts chosen by the employees in the Veterans Department, that can be worn at outreach events, and asked for a possible donation from this Subcommittee. This can be discussed at the August meeting.

**10. Such other matters as authorized by law:** None.

**A motion was made by J. Haskins and seconded by D. Pierce to adjourn at 6:07 p.m. Vote taken. MOTION CARRIED UNANIMOUSLY.**

Next meeting August 11, 2009, at 5:15 p.m.

Respectfully submitted,

Lisa M. Alexander
Recording Secretary

1f

July 22, 2009

**TO THE MEMBERS OF THE BROWN COUNTY BOARD OF SUPERVISORS**

Ladies and Gentlemen:

The EXECUTIVE COMMITTEE met in regular session on July 6, 2009 and recommends the following motions:

1. Communication from Supervisor Vander Leest re: Request for each Standing Committee to forward a list of priorities to the County Executive for preparation of the 2010 budget. (Referred from June County Board.)
   Receive and place on file. Ayes: 2 (Lund, Erickson); Nays: 3 (Vander Leest, Evans, Scray). Motion failed 2-3.
   To hold for one month. Ayes: 3 (Vander Leest, Evans, Scray); Nays: 2 (Erickson, Lund). Motion Passes 3-2.

2. Legal Bills - Review and Possible Action on Legal Bills to be paid. To pay legal bills.

3. County Executive Report.
   a. Mental Health Center - Closed Session: Pursuant to sec. 19.85(1)( c), Wis. Stats., to consider performance evaluation data of public employees.
      a) Enter into closed session.
      b) Return to regular order of business.
   ** c) To pursue an Operational and/or Management RFP for the Mental Health Center.

** Item #3a(c) was referred to Human Services Committee as per the County Board on 7/22/2009.

   b. Budget Status Financial Report for May 31, 2009. Receive and place on file.

4. Labor Negotiator Report. Receive and place on file.

#4a Human Resources Report - Update Supervisor Nicholson's committee on organizational efficiency efforts. To move forward with process.

5. Internal Auditor Report.
   a. Closed Session: Pursuant to sec. 19.85(1)(e) for the purpose of deliberating contractual changes with the lease of public properties at the golf course where competitive or bargaining reasons require a closed session.
      a) Enter into closed session
      b) Return to regular order of business
      c) No action taken in closed session.

   b. Discussion and Possible Action re: Refer to Internal Auditor to conduct a survey regarding how chargebacks are handled in other counties. (Motion from June Administration Committee.) Receive and place on file.

   c. Discussion and Possible Action re: Human Resources to develop a job description and analysis for reclassification of the Internal Auditor to a position of Internal Auditor/Board Research Analyst. (Referred from June meeting.)

AGING & DISABILITY RESOURCE CENTER OF BROWN COUNTY
REVENUE AND EXPENSE REPORT
6/30/2009

| | OPERATING EXPENSES | 2009 BUDGET | Y-T-D BUDGET | Y-T-D ACTUAL | Y-T-D BALANCE | |
|---|---|---|---|---|---|---|
| 1. | Salary Expense | 1,556,023 | 778,012 | 745,835.62 | 32,176 | 1. |
| 2. | Fringe Benefits | 655,450 | 327,725 | 301,916.06 | 25,809 | 2. |
| 3. | ADRC Contract Outreach/Resource | 22,156 | 11,078 | 14,579.45 | (3,501) | 3. |
| 4. | HSD Contract | 226,970 | 113,485 | 76,267.00 | 37,218 | 4. |
| 5. | DePere Nutrition Site Manager | 27,601 | 13,801 | 7,874.89 | 5,926 | 5. |
| 6. | Curative Nutrition Site Manager | 21,782 | 10,891 | 10,891.02 | (0) | 6. |
| 7. | Diet Technician | 4,015 | 2,008 | 1,224.77 | 783 | 7. |
| 8. | Benefit Specialist Part-D | 11,441 | 5,721 | 9,521.45 | (3,801) | 8. |
| 9. | Travel | 6,000 | 3,000 | 3,585.92 | (586) | 9. |
| 10. | Training | 9,500 | 4,750 | 2,354.79 | 2,395 | 10. |
| 11. | Telephone | 14,328 | 7,164 | 4,971.94 | 2,192 | 11. |
| 12. | Postage | 22,541 | 11,271 | 7,284.95 | 3,986 | 12. |
| 13. | Office Supplies | 15,278 | 7,639 | 7,502.49 | 137 | 13. |
| 14. | Printing | 4,900 | 2,450 | 2,264.28 | 186 | 14. |
| 15. | Membership/Dues | 1,923 | 962 | 465.00 | 497 | 15. |
| 16. | Periodicals/Subscriptions | 704 | 352 | 97.94 | 254 | 16. |
| 17. | Resource Materials & Development | 3,000 | 1,500 | 481.23 | 1,019 | 17. |
| 18. | Advertising/Recruitment | 2,000 | 1,000 | 471.90 | 528 | 18. |
| 19. | Marketing | 3,000 | 1,500 | 1,000.79 | 499 | 19. |
| **20.** | **Building Maintenance/Supplies** | **18,000** | **9,000** | **6,901.75** | **2,098** | **20.** |
| 21. | Utilities | 35,942 | 17,971 | 10,975.68 | 6,995 | 21. |
| 22. | Volunteer Insurance | 2,400 | 1,200 | 1,848.75 | (649) | 22. |
| 23. | Volunteer Recognition | 500 | 250 | 322.86 | (73) | 23. |
| 24. | Equipment/Repairs/Maintenance | 7,600 | 3,800 | 2,530.34 | 1,270 | 24. |
| 25. | Equipment Lease | 3,400 | 1,700 | 1,725.00 | (25) | 25. |
| **26.** | **Building Improvements** | **0** | **0** | **79,780.00** | **(79,780)** | **26.** |
| **27.** | **Equip Non-Outlay Budget ($1,000 - $4,999)** | **8,950** | **4,475** | **4,331.99** | **143** | **27.** |
| **28.** | **Supplies & Expense Budget ($0 - $999)** | **3,048** | **1,524** | **600.00** | **924** | **28.** |
| **29.** | **Restricted Purchases** | **0** | **0** | **0.00** | **0** | **29.** |
| 30. | Food Costs | 585,610 | 292,805 | 281,951.00 | 10,854 | 30. |
| 31. | Site Rental | 11,322 | 5,661 | 5,664.00 | (3) | 31. |
| 32. | Kitchen and Other Nutrition Supplies | 28,078 | 14,039 | 9,850.35 | 4,189 | 32. |
| 33. | Meal Delivery | 37,875 | 18,938 | 16,689.24 | 2,248 | 33. |
| 34. | Senior Aide Fees | 6,300 | 3,150 | 3,000.00 | 150 | 34. |
| **35.** | **Add Life Programming** | **15,000** | **7,500** | **7,524.37** | **(24)** | **35.** |
| **36.** | **Veterans Programs** | **10,000** | **5,000** | **2,027.25** | **2,973** | **36.** |
| 37. | Add Life News | 2,800 | 1,400 | 1,333.00 | 67 | 37. |
| 38. | Fiscal Agent Admin | 8,000 | 4,000 | 4,988.68 | (989) | 38. |
| 39. | Audit | 6,200 | 3,100 | 6,200.00 | (3,100) | 39. |
| **40.** | **Miscellaneous Service** | **2,500** | **1,250** | **3,607.93** | **(2,358)** | **40.** |
| **41.** | **Non-Operating Expense** | **3,500** | **1,750** | **2,401.75** | **(652)** | **41.** |
| 42. | Translation Services | 0 | 0 | 427.19 | (427) | 42. |
| **43.** | **Grant - Bureau of the Blind** | **2,000** | **1,000** | **575.71** | **424** | **43.** |
| 44. | Transportation -Human Services **+ $8,562 Trust Fund** | 57,875 | 28,938 | 19,166.00 | 9,772 | 44. |
| 45. | Transportation Management | 3,000 | 1,500 | 131.91 | 1,368 | 45. |
| 46. | Salvation Army Transportation | 10,000 | 5,000 | 3,060.17 | 1,940 | 46. |
| 47. | Rural Driver Escort | 4,000 | 2,000 | 2,408.34 | (408) | 47. |
| 48. | American Red Cross | 290,475 | 145,238 | 145,236.00 | 2 | 48. |
| 49. | Lamers Transport Contract | 2,000 | 1,000 | 890.53 | 109 | 49. |
| 50. | Oneida Transportation | 3,600 | 1,800 | 1,800.00 | 0 | 50. |
| 51. | Curative Transportation **+ $1,000 Trust Fund** | 171,608 | 85,804 | 86,804.00 | (1,000) | 51. |
| 52. | Older American's Program | 369,861 | 184,931 | 184,930.50 | 0 | 52. |
| 53. | Caregiver Support | 2,000 | 1,000 | 1,724.14 | (724) | 53. |
| 54. | Software Support & Development | 18,535 | 9,268 | 10,542.84 | (1,275) | 54. |
| 55. | Fall Prevention | 109,000 | 54,500 | 35,060.00 | 19,440 | 55. |
| 56. | Bank Fees | 0 | 0 | 2,454.72 | (2,455) | 56. |
| 57. | Information Services Chargeback | 128,774 | 64,387 | 128,774.00 | 0 | 57. |
| 58. | EAP/Insurance Chargebacks | 4,495 | 2,248 | 4,495.00 | 0 | 58. |
| 59. | Central Services **(2009 $1,062 + 2008 $13,000)** | 157,658 | 78,829 | 171,720.00 | (14,062) | 59. |
| 60. | Depreciation Expense | 0 | 0 | 0.00 | 0 | 60. |
| **61.** | **TOTAL** | **4,740,518** | **2,370,259** | **2,453,046.48** | **62,676** | **61.** |



4

# AGING & DISABILITY RESOURCE CENTER OF BROWN COUNTY
## REVENUE AND EXPENSE REPORT

### 7/31/2009

| | REVENUE | 2009 BUDGET | Y-T-D BUDGET | Y-T-D ACTUAL | Y-T-D BALANCE | 2008 NET ASSETS | |
|---|---|---|---|---|---|---|---|
| 1. | ADRC Grant | 1,461,309 | 852,430 | 881,595.00 | 29,165 | | 1. |
| 2. | MA Claiming | 180,000 | 105,000 | 166,786.00 | 61,786 | | 2. |
| 3. | Title III-B **$162,922** | 161,718 | 94,336 | 80,859.00 | (13,477) | | 3. |
| 4. | Title III-C-1 **$373,460** | 372,726 | 217,424 | 186,363.00 | (31,061) | | 4. |
| 5. | Title III-C-2 **$127,889** | 117,238 | 68,389 | 58,619.00 | (9,770) | | 5. |
| 6. | Title III-D | 11,819 | 6,894 | 6,018.00 | (876) | | 6. |
| 7. | Title III-E **$ 81,659** | 84,189 | 49,110 | 40,830.00 | (8,280) | | 7. |
| 8. | Alzheimer's Grant (AFCSP) | 84,591 | 49,345 | 43,071.00 | (6,274) | | 8. |
| 9. | Benefits Specialist | 33,438 | 19,506 | 17,555.00 | (1,951) | | 9. |
| 10. | Benefits Specialist Part D | 16,550 | 9,654 | 16,550.00 | 6,896 | | 10. |
| 11. | Senior Community Services | 13,362 | 7,795 | 6,914.00 | (881) | | 11. |
| 12. | Project Income: Nutrition | 310,590 | 181,178 | 154,668.00 | (26,510) | 26,433 | 12. |
| 13. | Nutr Services Incentive Program **$89,413** | 70,082 | 40,881 | 48,481.00 | 7,600 | | 13. |
| 14. | COP Income - Home Delivered Meals | 70,882 | 41,348 | 32,721.00 | (8,627) | | 14. |
| 15. | State 85.21 Transportation **annual** | 451,132 | 263,160 | 451,776.00 | 188,616 | 56,891 | 15. |
| 16. | Brown County Appropriation **semi-annual** | 1,068,354 | 623,207 | 1,068,354.00 | 445,148 | | 16. |
| 17. | Driver Escort | 1,200 | 700 | 856.00 | 156 | | 17. |
| 18. | Interest Income | 12,424 | 7,247 | 0.00 | (7,247) | | 18. |
| 19. | Net Asset - Restricted Facilities Fund | 0 | 0 | 0.00 | 0 | 282,380 | 19. |
| 20. | Net Asset - Personnel/STD | 0 | 0 | 0.00 | 0 | 29,500 | 20. |
| 21. | Net Asset - Depreciation | 0 | 0 | 0.00 | 0 | 208,934 | 21. |
| 22. | Net Asset - Undesignated | 0 | 0 | 0.00 | 0 | 554,592 | 22. |
| 23. | Net Asset - Fund Deposit **(+$1,062)** | 12,107 | 7,062 | 0.00 | (7,062) | 7,496 | 23. |
| 24. | Net Asset - Campaign Fund | 0 | 0 | 0.00 | 0 | 54,803 | 24. |
| 25. | Net Asset - Fiscal Agent Reserve | 0 | 0 | 0.00 | 0 | 150,000 | 25. |
| 26. | Fiscal Agent Admin (fund deposit) | 28,407 | 16,571 | 197.05 | (16,374) | 33,018 | 26. |
| **27.** | **Add Life Programming** | **18,000** | **10,500** | **14,630.10** | 4,130 | | **27.** |
| **28.** | **County Transfer-Veteran's Programs** | **10,000** | **5,833** | **10,000.00** | 4,167 | 3,025 | **28.** |
| 29. | Fall Prevention | 109,000 | 63,583 | 35,060.00 | (28,523) | | 29. |
| 30. | Fall Prevention Classes | 0 | 0 | 1,344.44 | 1,344 | 3,274 | 30. |
| 31. | Add Life News | 8,500 | 4,958 | 7,050.00 | 2,092 | | 31. |
| **32.** | **Building Maintenance Donations** | **3,000** | **1,750** | **876.00** | (874) | | **32.** |
| 33. | Community Service Monitoring | 10,000 | 5,833 | 3,879.50 | (1,954) | | 33. |
| 34. | Medical Equipment/Supplies | 0 | 0 | 250.00 | 250 | 4,000 | 34. |
| 35. | COP Income - In Home Projects | 0 | 0 | 0.00 | 0 | | 35. |
| **36.** | **Restricted/Memorial Donations** | **0** | **0** | **1,100.00** | 1,100 | 61,460 | **36.** |
| **37.** | **Grant/Special Projects** | **0** | **0** | **60.00** | 60 | | **37.** |
| 38. | Grant Revenue - SHIP GRANT | 10,000 | 5,833 | 13,500.00 | 7,667 | | **38.** |
| **39.** | **Miscellaneous Service** | **4,500** | **2,625** | **1,941.00** | (684) | | **39.** |
| **40.** | **Non-Operating Miscellaneous** | **4,500** | **2,625** | **3,366.92** | 742 | | **40.** |
| 41. | Fund Raising | 900 | 525 | 0.00 | (525) | | 41. |
| 42. | | | | | | | 42. |
| 43. | TOTAL | 4,740,518 | 2,765,302 | 3,355,271.01 | 589,969 | 1,475,806 | 43. |
| 44. | | | | Returned Fiscal Agent Reserve 01/28/09 - Line 25. | | (150,000) | 44. |
| 45. | | | | | | | 45. |
| 46. | TOTAL OPERATING REVENUE RECEIVED | | | $ 3,355,271.01 | | | 46. |
| 47. | TOTAL 2008 NET ASSETS | | | $ 1,325,806.00 | | | 47. |
| 48. | TOTAL OPERATING EXPENSES | | | $ 2,787,553.19 | | | 48. |
| 49. | ADD BACK DEPRECIATION EXPENSE | | | $ - | | | 49. |
| 50. | | | | | | | 50. |
| 51. | TOTAL OPERATING INCOME/(LOSS) | | | $ 1,893,523.82 | | | 51. |
| 52. | | | | | | | 52. |

09-60

# REQUEST FOR BUDGET TRANSFER

**INSTRUCTIONS:** This form is to be completed for any Category 1, 2a, 2b, 3, 4, or 5 budget transfer. Completed forms should be submitted to the Department of Administration.

| TYPE OF TRANSFER (check one) | | DESCRIPTION | APPROVAL LEVEL |
|---|---|---|---|
| ☐ Category 1 | | Reallocation from one line item to another within the major budget categories | Department Head |
| ☐ Category 2 | | | |
| | ☐ a. | Change in Outlay not requiring transfer of funds from another major budget category. | County Executive |
| | ☐ b. | Change in any item within Outlay account which requires the transfer of funds from any other major budget category or the transfer of Outlay funds to another major budget category. | County Board |
| ☐ Category 3 | | | |
| | ☐ a. | Reallocation between Budget Categories other than 2b or 3b transfers. | County Executive |
| | ☐ b. | Reallocation of Salaries and Fringe Benefits to another major budget category except contracted services, or reallocation to Salaries and Fringe Benefits from another major budget category except contracted services. | County Board |
| ☒ Category 4 | | Interdepartmental Transfer (including contingency or general fund transfers) | County Board |
| ☐ Category 5 | | Increase in Expenditures with Offsetting Increase in Revenue | County Board |

**DESCRIPTION AND JUSTIFICATION** (attach additional sheets as needed). In narrative form, describe the requested transfer to include amount, account to transfer from, account to transfer to, and the effect on revenue and expense.

Request to cover the Community Programs 2008 deficit in the amount of $434,516. Major contributors to the shortfall were program expenditures in our alcohol and drug abuse and alternate care purchased services. See attached for additional details.

| | | | |
|---|---|---|---|
| Increase: | 20-7600-492900 | Fund Balance Applied (Community Program) | $ 434,516 |
| Increase: | 20-7669-500918AODAL | Alcohol & Drug Abuse (AODA) | $ 206,966 |
| Increase: | 20-7669-500918AF161 | Foster Homes - Abused & Neglected Children | $ 227,550 |

Human Services — Department

Department Head

7/23/09 — Date

☒ Approved

☐ Disapproved

County Executive

8/12/09 — Date

6


## Human Services Department

Thomas D. Eggebrecht, Interim Executive Director
111 N. Jefferson Street, Green Bay, WI 54301
Phone: (920) 448-6001, Fax: (920) 448-6126; E-Mail: Eggebrecht_TD@co.brown.wi.us

To: Tom Hinz, County Executive
Lynn VandenLangenberg, Director of Administration

From: Kelly Selner, Budget and Finance Manager, Department of Human Services

Date: June 25, 2009

Re: 2008 Review

At the end of 2008, Human Services as a department was over budget by $434,516, which was 0.40% of our total annual $104 million budget. The additional expenditures were attributable to an indirect cost change, alternate care program and AODA services. We asked for a budget modification and permission to use the department's Community Programs fund balance to finance the overage.

Early in 2009, it was determined by the Department of Administration that indirect costs were incorrectly calculated county-wide for 2008. Community Programs absorbed an additional $235,000 in expenditures and the Mental Health Center recognized a savings of $235,000 in this recalculation. As requested, there was no adjustment done to the intradepartmental budget lines of either Community Programs or the Mental Health Center at that time for the $235,000. This action resulted in savings for the Mental Health Center that helped the unit finish the year below budget. This was a one time change and the 2009 budget has been adjusted appropriately.

Alternate care program expenditures were approximately $228,000 more than budgeted. In an effort to reduce expenditures in this area, the department is pursuing efforts to establish local providers as an alternative to costly out of county treatment settings and increase case review standards before placements are made. At this time, we do not anticipate a need for a change in the 2009 budget for alternate care program expenditures.

AODA expenditures were approximately $210,000 more than budgeted. The additional expenditures were due to placements of chronic consumers and a need for more structured treatment placements. Management has plans to include social detoxification services in an upcoming diversion facility request for proposal to be issued by the department. Incorporating this service array could help to stabilize consumers in the diversion facility for a short period of time with continued outpatient services instead of a more expensive, residential stay. Management anticipates reducing expenditures and therefore an adjustment to the 2009 budget is not needed at this time.

Human Services management acknowledges that we face many budget challenges going forward including an anticipated reduction in state aids in excess of $1 million in 2010. We will continue to examine department priorities, policies and processes to determine what efficiency measures are possible.

# Request for Proposal (RFP)

# For

# EMR//Lab/Patient Accounting Systems (Human Services)

## Project # 1375



## Response Deadline

## October 22, 2009

## 4:00 p.m. Local Time

## To:

## Brown County Purchasing Department

DIXON HUGHES PLLC
positively unique



7

(DRAFT V3- 7/31/09)

# Tentative Project Timeline



| | |
|---|---|
| August 26, 2009 | RFP Submitted to Human Services Committee for Recommended Approval to Post |
| September 16, 2009 | RFP Submitted via Human Services Committee for County Board Approval |
| September 22, 2009 | RFP Posted |
| October 6, 2009 | RFP Questions from potential Vendors due to Purchasing Department |
| October 9, 2009 | Answers to RFP questions posted to Brown County website via Addendum |
| October 22, 2009 | RFP Responses Due to Purchasing Department. |
| October 23-30, 2009 | RFP Review time for Selection Committee |
| November 2-6, 2009 | Possible Interviews if required by Selection Committee |
| November 16, 2009 | Final Selection & Contract award |

Contents

# 1 BACKGROUND

The Brown County Human Services Department ("BCHSD") provides a broad array of publicly funded mental health, drug and alcohol, child welfare, elderly and disabled, and public assistance programs to a county of roughly 240,000 people. The Brown County Community Treatment Center ("CTC") is a County-operated and State-licensed center which provides specialized psychiatric adult inpatient, outpatient and skilled nursing home services to several thousand patients a year. BCHSD is seeking proposals from vendors that provide comprehensive Electronic Health Record systems ("EHR"), Lab Information Systems ("LIS") and Patient Billing and Accounting systems to be selected for its Community Treatment Center.

The Brown County Human Services Department operates under the following beliefs:

- Consumers are best served within the context of their relationships with family as defined and chosen by them, and that services must focus on the functioning, safety, and well being of families as a whole.
- Consumers must be engaged as full and meaningful partners in all aspects of decision making about their lives and plans of care.
- Plans must be built on a foundation of natural and community supports and has a goal of minimizing the need for formal interventions.
- All consumers and families have strengths that can be used to meet their needs.
- Our regard for consumers and families must be unconditional.
- Services and systems must be collaborative, interactive and flexible, generating solutions to mutually defined needs and goals.
- Service delivery must be team based and rely on the strengths, skills, mutual respect, and creative and flexible resources of both consumers and team members.
- Teams and services must reflect an understanding and acceptance of cultural and lifestyle diversity.
- Service plans must identify agreed upon and shared outcomes.
- Every consumer involved in services is capable of change and can take steps toward reaching his/her full potential.

As part of its continued commitment to the patients it serves, the CTC is building a new facility. The new facility is located less than 2 blocks from the current facility and is planned to open in October 2009. The organization is currently preparing for a move, including preparations for staff training around a "patient centered" concept of care to be implemented in the new facility.

### *1.1 Scope of Project*

The scope of this RFP includes the purchase, installation, implementation, training and support for the following systems;

- Qualified EHR for Outpatient,
- Qualified EHR for Inpatient,
- and Skilled Nursing Facility business units of the CTC.
- Lab Information System ("LIS") for the CTC.
- Patient Billing system for Outpatient, Inpatient, Skilled Nursing Facility and Lab Services departments of the CTC.

### *1.2 Community Treatment Center Background*

Outpatient services ("Outpatient") include alcohol and other drug abuse ("ADOA") services, mental health services, case management services, and crisis intervention services. The Outpatient team includes the Clinic Manager, physicians (Medical Director and staff Psychiatrists), Nurse Practitioners, Registered and Licensed Practical Nurses ("RN/LPN"), Social Workers ("MSW"), and Unit Secretaries.

Inpatient Psychiatric Services ("Inpatient") includes both mental health and ADOA services. The Inpatient Hospital team includes the facility Administrator Medical Director, Nurse Practitioners, (Clinical Director and staff Psychiatrists), Nursing Manager RN/LPNs, Social Workers, Certified Nursing Assistants ("CNA") and Health Information Secretaries.

The skilled nursing facility ("SNF") team includes the facility Administrator, Medical Director, RN/LPNs, MSWs, Occupational Therapists ("OT"), Physical Therapists ("PT"), Speech Therapists ("ST"), Certified Nursing Assistants ("CNAs") and Health Information Secretaries. The Skilled Nursing Facility provides long-term care services for patients primarily with mental health disorders.

The medical records department is called the Health Information Management Department ("HIM"). The department is responsible for starting the medical record process; transcribing clinical documents; coding; producing monthly patient statistics for Inpatient; coordinating and setting up the court list; ensuring procedures are in place to keep patient records secure and confidential; updating staff on laws concerning records; and tracking deaths and audits for the Utilization Review Committee.

The CTC currently utilizes an onsite lab for most of its laboratory services needs. Dietary services are also in-house. Medication orders are managed via contracts with two local pharmacies; *HealthOne* (Inpatient and SNF) and *Streu's* (Outpatient).

### *1.3 Technology Overview*

The CTC is supported by the Brown County information services ("IS") department. The IS staff consists of a Network Support Manager with four Network Technicians. There is an Application Support Manager with seven Programmer/Analysts and various other Help Desk, Microsoft ("MS") Office and telecom support personnel. The department is lead by the Brown County Information Services Director. In addition to the services provided to the CTC, Brown County IS provides various technical support and system services for over 32 departments across the county; including, 911, law enforcement, municipal airport and may other vital areas of County government.

Brown County IS currently manages approximately 30 physical Windows (primarily 2003) servers and a Blade center environment housing about 50 virtualized servers with a SAN storage unit. In addition, there are three MS-SQL database servers. The IS department is heavily orientated to Microsoft operating systems and office applications. Currently, the CTC utilizes Keane as its primary patient management and billing system. The Master Patient Index is generated and maintained in Keane.

### *1.4 Current Medical Records System*

The medical records system for all facilities within the CTC is predominantly manual and paper-driven. The SNF unit is the only department that has certain components of patient medical records automated, utilizing the MDI system for patient assessments. Admissions and referrals are predominately managed by the County's Human Services Department's *Access* system, or through local crisis centers, and are communicated to CTC business units either via fax or by phone. Appendix 6.1 provides details on the CTC's referral sources.

Patient face sheets are created by all three clinical departments as well as the medical records department. Transcribing of all physician orders is performed manually on paper by unit secretaries or nurses in the department. The HIM department is responsible for preparing the patient information form (face sheet), starting the medical record/patient chart and coding patient diagnoses. The HIM department analyzes patient records for deficiencies and creates the *Delinquent Records List,* a list of all records to be signed, each month for the physicians. is our understanding delays in patient diagnostic coding by the medical records department contributes to late patient billing claim filing. It is also our understanding there may be compliancy risks due to signatures not being obtained timely. All patient communications are currently managed via team conferences, emails, phone calls and faxes.

Patient medical records include the following documents;

- Patient Consent Forms
- Advanced Directives
- Court-system based Assessments/Security
- Team Clinical Assessments (both Behavioral Health and Medical)
- Team Treatment Planning (both Behavioral Health and Medical)
- Care Planning (Nursing)
- Quality Indicators

- Team Progress Notes
- MD Standard Order Form
- Blank MD Order Form
- Inpatient Services Rendered
- Assessment Forms 1 2
- Client Therapeutic Survey
- Clothing Forms (2)
- Medication Profile
- Lab Forms
- Body Check
- Flow Sheets (4)
- Medication Administration Record (MAR)
- Treatment Administration Record (Kardex)
- Discharge Plans
- Discharge Summaries
- Patient Education Materials

CTC staff reported the following challenges with the current state of clinical automation tools:

1. System lacks ability for multiple providers to view information at the same time.
2. Ability for quick and easy access to patient medical and treatment history both internally within a department and across departments.
3. Redundant FACE sheets are prepared by multiple people in multiple departments.
4. Inefficient communication methods.
5. Potential for medical / treatment/ medication errors due to transcription errors.
6. Limited ability to efficiently trend, query and report patient behavior data and medication treatment plans for improved patient outcomes.
7. Lacks ability to integrate medical records with external systems.
8. Both patients and caregivers have limited access to health records.
9. Lack of integrated outcomes measurements that assess services and determine cost effectiveness.

### *1.5 Outpatient Services*

Outpatient services include mental health counseling, case management, substance abuse treatment, community services and crisis intervention. Patients are primarily referred from the local court system, several local crisis centers, local hospitals and the Brown County Inpatient unit. Patients must be Brown County residents. The clinic serves approximately 100 patients a day and the ADOA portion of the clinic could have 50 patients a day where eligibility and sliding scale payment is verified. As part of case management, the Case Managers conduct approximately 25-40 home visits per day. Appendix 6.2.1 provides a high-level overview of the Admission process within the Outpatient department.

Admission & Care Process

The majority of referrals are managed manually via Brown County Human Services' system or local crisis center. The patient will meet with a representative of the admission department to sign paperwork, verify eligibility and financial ability to pay. The admission department will create a billing record in the Billing system software system and a medical record number is generated at that time. Eligibility for services is verified and clinic staff input the patient into the AS/ 400 scheduling system. Once the patient is scheduled for treatment, a paper chart is created. The State Human Services Recording System ("HSRS") is used to identify the consumer with the state. Authorizations for case management services and treatment services (clinic services do not always require authorization) are entered into an authorization system. An authorization is required for reimbursement of services.

Physician orders are transcribed by the unit nurses and are limited to: 1) treatment orders (typically a year's worth); 2) medication prescriptions; and 3) lab work. Medication orders are faxed to the pharmacy. Due the volume of medication orders transcribed, CTC staff recognizes the potential benefits associated with e-prescribing. Lab orders are hand written on lab forms and the lab staff will collect during rounds. Critical results are phoned while routine results are faxed and later placed in the patient medical record.

The Case Managers are utilizing an independent, self-scheduling system performed in Microsoft Outlook. Case notes and treatment plans are documented utilizing Microsoft Word on-site via laptops. Case Management logs are created manually on paper and sent to billing. Once clinic services are rendered, they are recorded on a "Services Rendered" form that is forwarded to billing. Assessments are billed at a flat rate and medication management is billed in units/increments of time.

The Vendor should describe any system integration with Telemedicine devices. The Outpatient clinic has been certified for Telehealth services as required by Wisconsin regulations. Currently, the program has not been fully developed and is on hold. The clinic would like to implement the program soon.

The following documents and/or forms are currently utilized, by provider:

1. Physician (Psychiatrist) - Initial Evaluation, Progress Notes, Physician Orders, Treatment Plan
2. Nurse Practitioner- Initial Evaluation, Progress Notes, Orders, Treatment Plan
3. Nursing - Initial Assessment, Risk Assessments, Care Plan, Progress Notes, Patient Education, DC summary
4. Social Workers- Initial Assessment, Progress Notes, Group Notes

CTC Outpatient staff reported the following challenges with the current state of clinical automation tools:

- No way to quickly access paper chart when patient admitted from inpatient side.

- Understanding hand writing.
- No way to quickly access chart when multiple providers need to access simultaneously.
- Entire chart is paper driven and there is no easy way to document patient demographic/Medial Record number to all the multiple forms which are currently hand written.

### *1.6 Inpatient Psychiatric Hospital*

The Inpatient Hospital is licensed for 35 beds and treats and stabilizes acute mental health and substance abuse disorders for adults. All beds are certified for Medicare and Medicaid. The majority of admissions to the inpatient hospital currently occur through the local court system, the County Access system or local crisis centers. The hospital is the only department within the CTC that accepts patients outside of Brown County and provide services to 14 of the surrounding counties. Appendix 6.2.2 provides a high-level overview of the Admission process within the Inpatient Hospital department.

Admission & Care Process

The House Manager receives patient referral calls and performs medical and demographic patient screening to determine whether the patient will go to the emergency room or be directly admitted. The day shift Ward Clerk prepares a paper chart with forms required for medical record (nurses perform this duty on evening and night shift).

Admission orders as well as providers' services are initiated depending on the type of patient (substance abuse or mental health). Transcribing of orders is performed either by the Ward Clerk or LPN. Orders are managed via several forms, and are distributed by hand to the various internal (Lab, Dietary, MSW or physician consults) and external (Pharmacy and X-Ray) departments. Medication orders are faxed to the pharmacy. The LPN is responsible for transcribing orders for the Kardex (treatment plan).

The staff RN conducts the patient assessment and receives physician orders. The CNA does the initial informational physical screening, consent signing and then initiates the safety flow sheet according to the precaution ordered by the physician. The treatment plan is initiated and updated by the care team via manual process and the Social Workers will document group notes.

The following documents and/or forms are currently utilized, by provider:

1. Physician (Psychiatrist) - Psychiatric Evaluations, Treatment Review, Progress Notes, Physician Orders, Treatment Plan, DC Summary
2. Physician (Medical) - Progress Notes, Physician Orders, Treatment Plan
3. Director of Nursing- Quality Indicator Reporting
4. Nursing (RN) - Initial Assessment, SSA Assessment, Risk Assessments, Care Plan, Seclusion and Restraints, Progress Notes, Patient Education, DC summary
5. Nursing (LPN) - MAR, Progress Notes, Kardex
6. Nursing Assistant - Behavior Log, Group Notes, ADLs
7. Social Worker - Initial Assessment Progress Notes
8. Dietician - dietary card, Progress Notes

Census is managed and communicated on paper. A patient census is produced from the billing system after admissions staff have entered new patients and discharge dates for discharged patients. Payor information is entered into the billing system when the admissions staff completes the intake interview.

CTC Inpatient staff reported the following challenges with the current state of clinical automation tools:

- No way to quickly access paper chart when patient admitted from outpatient side.
- Understanding hand writing.
- No way to quickly access chart when multiple providers need to do access simultaneously.
- Quality Indicator reporting (monthly/quarterly) for restraints & seclusion on paper.
- With paper medical records, patient medical record numbers and demographic information must be duplicated to multiple forms.
- Staff turnover and patient care are affected by the amount of work hours necessary to manage paper medical records.
- Limited ability to quickly correlate patient behavior with medication management. Current analysis is very time consuming and creates difficultly for physicians to properly adjust treatment plan for most beneficial results.

### *1.7 Skilled Nursing Facility*

CTC's skilled nursing facility is licensed for 80 beds however currently operates 63 beds. All beds are certified for Medicare and Medicaid. Patients are primarily referred from several local psychiatric hospitals and/or Brown County Adult Protective Services. Patients must be Brown County residents to be admitted. Appendix 6.2.3 provides a high-level overview of the Admission process within the Skilled Nursing Facility.

Admission & Care Process

Admissions to the Skilled Nursing Facility are first assessed by a Social Worker and RN at the patient's current location (hospitals, nursing homes, group homes and private homes) for appropriateness. Once the patient is accepted, the patient demographic data is entered into the MDI /MDS system. The RN Manager conducts the patient assessment and receives physician orders. The LPN or Ward Clerk faxes drug orders to the pharmacy. The MDS Coordinator opens the medical record in MDI, prints the patient face sheet information for the medical chart, and also hand writes a second face sheet form for submission to the medical records department. A psychiatric evaluation is conducted and physician visits are scheduled.

Transcribing of orders is performed either by the Ward Clerk or LPN. Orders are hand written, and are often transcribed on to several separate forms to be routed to multiple locations. Orders are routed to the various internal departments (Lab, Dietary, and MSW or physician consults) and external (Pharmacy and X-Ray). Medication orders are faxed to the pharmacy. The LPN is responsible for transcribing orders for the Kardex (treatment plan). The Social Workers will dictate social histories and progress notes that later are transcribed by the medical records

department. The MDI system is utilized by the nursing staff for documenting the physician's assessment, care planning, reports (Census and Conditions, Quality Indicators, Wound Risk Assessment) and transmission of MDI data to the state.

The following documents and/or forms are currently utilized, by provider:

1. Physician (Psychiatrist) - Progress Notes, Physician Orders, Treatment Plan,
2. Physician (Medical) - Initial Evaluations, Periodic Review Progress Notes, Treatment and Medication Orders, Discharge Summary
3. Director of Nursing- QI reports
4. Nursing (RN) - Initial Assessment, Risk Assessments, Care Plan, Progress Notes, Patient Education, Discharge Summary
5. Nursing (LPN) - Medication Administration Record (MAR), Progress Notes, Kardex (Treatment Administration Record)
6. Nursing Assistant - Care Level Log/ADLs, Behavior Tracking, Monitor for Change in condition
7. Social Worker - Initial Assessment, Progress Notes, Group Notes
8. Dietician - dietary card, Progress Notes
9. Therapy ( PT/OT/ST) - Evaluations, Progress Notes, Periodic Review
10. Hospice- Progress Notes

Nursing facility staff reported the following challenges with the current state of clinical automation tools:

- No way to quickly access paper chart when patient admitted from inpatient side.
- Understanding hand writing.
- No way to quickly access chart when multiple providers need to do access simultaneously.
- Majority of chart is manually prepared and paper driven, with some patient record details kept in the MDI system.

### *1.8 Current Lab Systems*

The BCCTC Laboratory Services Department is an onsite, CLIA inspected laboratory. The lab must comply with: Good Laboratory Practice ("GLP"); United States Code of Federal Regulations 21 Part 11 ("21 CFR Part 11") concerning electronic signatures, as administered by the United States Food and Drug Administration ("FDA"); and the Westguard Rules for quality control reporting. The BCCTC lab personnel includes one Lab Manager and two part-time Lab Technicians. Lab services currently performed onsite include; chemistry, hematology and toxicology screenings. All other testing (i.e. microbiology) are sent out to their Reference lab, *Bellin*. Current instruments used include a *Beckman Coulter* hematology counter and an *Ortho Vitros* 250 chemistry analyzer. The lab is planning to bring the *Immulite* chemistry machine online in the near future. Appendix 6.2.4 provides an overview of the lab services workflow.

Workflow

The SNF and Inpatient lab orders are either faxed or routed manually to the lab department by the Unit Clerks, or obtained by lab staff during routine rounds. The Lab Technicians are responsible for transcribing the Outpatient unit orders. Order frequency can vary from monthly, weekly, daily or as needed. Work assignments are managed manually by organizing numerous paper order forms. The order forms are in triplet. One of the forms will stay with the patient's chart on the unit while the other two will be sent along with the specimen. Once the test is completed one of the order forms is routed to the billing department while the other goes back to the patient's chart.

The lab work is divided among two different work areas (hematology or chemistry). Prior to any specimen testing being performed, Quality Control ("QC") tests are performed to insure the equipment meets required QC standards. The team will manually log these results for use during inspections. Once the process for specimen testing is completed, the results are verified and manually written on the order forms. Abnormal test results are phoned to the Unit Nurse who communicates to the physician. Test results that are within normal ranges are routed manually back to the patient's unit for the physician to review.

CTC Lab staff reported the following challenges with the current state of automation tools:

- Hand-written test results lead to workflow inefficiencies and potential for medical errors due to inability to read hand writing.
- Difficult and inefficient to manually gather quality control reports for inspections.
- Inability to efficiently manage lab operations due to productivity reports being tallied manually.
- Potential for lost revenue due to miscoding.

### *1.9 Current Patient Accounting Systems*

Currently, all billing is managed within the Keane billing system. However, this system will be replaced and must interface with both the electronic health record and lab information systems that the CTC ultimately selects. The Vendor should describe its ability to billing billing for long-term care services, inpatient and outpatient psychiatric as well as lab services. The Vendor should describe the system's ability to manage/report each of the CTC business units separately and allow for consolidated reporting to the County Finance Department.

Medicare and Medicaid are the primary payors for the Inpatient hospital. The primary payor for skilled nursing patients is Medicaid. The primary payors for the outpatient clinic are split evenly among self pay, Medicare and Medicaid. Personal care, case management, the Community Support Program ("CSP") and crisis intervention are contracted to outside providers with the service billed through the CTC billing department. Appendix 6.2.5 provides more detail of the CTC's payors sources.

During the pre-admission process the patient's eligibility is determined with the payor by the billing department. Medicaid eligibility for hospital, SNF and clinic patients is verified online via

the Forward Health Portal system for Medicaid. Medicare eligibility for all patients is verified online via the Center for Medicare & Medicaid Services (CMS) HIQA (Health Insurance Query Access) for Medicare._Other patients' eligibility is verified with the respective payor source via online tools or phone call.

Case management and CSP services are billed directly to Medicaid through Provider Electronic Solution ("PES") system. The PES system is software provided by the State of Wisconsin to providers for only Medicaid claims. The software is limited and contains no reporting capabilities or history of claims sent for the provider. CSP and case management program workers forward a manual log to the billing department to be manually entered into PES. A history of amounts billed is maintained on an Excel worksheet.

The patient's "Ability To Pay" /sliding scale calculations are determined by the billing department. The State of Wisconsin sliding fee scale chart is used. This chart is updated annually by the state. Upon admission, billing records are created in the Keane system, which maintains both the Master Patient Index and the Master Diagnosis Index. The billing team utilizes the Case Manager's log notes and 'Services Rendered' forms to manually key all patient charges, including professional fees. Room and board fees are updated automatically within Keane through the patient census record.

Claims are submitted to payers in paper or electronic form. Both UB04 and HCFA 1500 claim formats are used. The Keane system has the ability to download a file of electronic claims which the billing department staff then submits to a clearinghouse. The clearinghouse will edit claims and electronically send the claims to various payers. The clearinghouse currently utilized by the County is *Payorpath* (Allscripts). Electronic claims for Inpatient and clinic services are downloaded to *Payorpath* by the billing department. Paper claims are printed and sent out manually.

The billing department staff manually enters Medicare claims directly to Medicare through Fiscal Intermediary Shared System ("FISS"). The vendor the County currently utilizes to obtain access to Medicare is *Vision Share*. Claims manually entered directly into FISS are for hospital, nursing home and clinic services. All patient/client charges have a record in the Keane system.

The billing department manually prepares "Other County" billing for Inpatient charges incurred by out-of-county residents. The patient record and charges are entered onto the billing system; however, a manual statement using Excel is produced by the billing staff.

The crisis intervention program workers submit a manual charges log to the billing department. After all Crisis Intervention charges are entered into Keane, the billing staff will download the electronic file of claims to the clearinghouse and then must go into each claim to correct any units that should be fractions. On the nursing home billing the RUGS level is not automatically fed to the Keane system as the two systems are not connected.

Cash receipts are posted manually in the billing system as there are no electronic remittances received. Contractual allowances and other account adjustments are keyed manually at the time of cash receipt posting. General Ledger entries for revenue, receipts and bad debts are manually

calculated and routed to the finance department. The County wide finance department is currently upgrading the general ledger reporting system to "New World Logos". Appendix 6.2.6-6.2.8 provides an overview of the Billing Department services.

# 2 TECHNOLOGY GOALS

This section provides business drivers for change and the recommended goals, objectives and tasks to move the CTC toward improving operational efficiencies and clinical outcomes. The section outline as follows:

1. Business Drivers
2. Operational Process Improvement
3. Privacy and Security
4. Clinical Process Improvement
5. Lab Services Process Improvement
6. Billing Process Improvement
7. Health Information Exchange

## *2.1 Business Drivers*

The CTC primary overall system goals are targeted towards decreasing inefficiencies; improving provider communications; improving patient/employee satisfaction; improving coordination of care and reducing costs. This section provides business drivers that the CTC will be considering when planning for new vendors and systems.

American Recovery and Reinvestment Act ("ARRA")

The American Recovery and Reinvestment Act (2009), passed in February 2009, has brought a significant impact to both healthcare providers and the health information technology industry. The following topics, which are key components of the ARRA-HITECH law, will be considered by BCHSD when planning the purchasing and implementations of new systems. The Vendor should detail how its system can help BCHSD address these issues:

1. HIPPA Changes regarding Privacy and Security
2. Certified EHR
3. "Meaningful Use"
4. Clinical Decision Support
5. Ability to Reduce Medical Errors/Improve Drug Safety
6. Computerized Physician Order Entry (including e-prescribing)
7. Collection of Quality Data and Reporting
8. Health Information Exchange
9. Technologies that address the needs of vulnerable populations
10. Technologies that facilitate the continuity of care among health settings

Operational Drivers

With the exception of the billing system, the current health information management systems in place today at the CTC are primarily paper-driven. This leads to not only inefficiencies in patient care, but can also significantly decrease both patient and provider satisfaction. The County's overall system goals are targeted towards decreasing inefficiencies; improving provider communications; improving patient/employee satisfaction; improving coordination of care and reducing costs. In order to improve operations, the CTC will consider the various levels of information when selecting systems:

- *Episode-level* information is required to manage an individual episode of service;
- *Case-level* information is required to care for an individual service user;
- *Department-level* information is required to manage the specific service department; and *System-level* information is required to develop a policy and plan for the mental health system as a whole.

### *2.2 Operational Process Improvement*

The CTC will consider the following operational goals when selecting systems:

- Improve the accuracy, speed, flexibility, and convenience of: patient scheduling and recall; patient registration; on-site and off-site clinical, inpatient, encounter reporting; patient account management and billing; third-party billing (Medicaid, Medicare, private insurance); and insurance claims processing/management
- Achieve an integrated information system providing improved system performance, data capacity, and potential for significant future growth in the number of system users, sites supported, programs managed, and patient accounts
- Achieve more flexible, user-friendly, and efficient periodic and ad hoc reporting capabilities providing access to and analysis of all patient and management data
- Improve the management reporting capabilities of the information system
- Achieve an appropriate level of mental health record automation necessary to support evaluation of quality of care, the management and review of service utilization, measurement of clinical outcomes, patient registries, case management, expedited reporting of laboratory results, and medical records tracking
- Minimize the life cycle cost of the information system
- Decrease time in common administrative procedures and efficient communications with clients, family, and service providers.
- Automate core business functions – billing/claiming, assessments, workflow processes, etc.
- Achieve internet access and electronic mail capabilities facilitating intra- and inter-organization communications and information access

### *2.3 Privacy and Security*

The CTC will consider the following privacy and security goals when selecting systems:

- Securely provide consumers with the ability to view and enter comments or data in their records, and the ability to share their journey with a designated family member, friend, and service provider.
- Ensure system and users are compliant with all HIPAA and State laws regarding patient privacy and security.

### *2.4 Improving Clinical Outcomes*

The CTC will consider the following clinical goals when selecting systems:

- Provide accurate and current information about a consumer's mental health history to the service provider, the consumer and their family, when appropriate.
- Promote client and family awareness and empowerment by emphasizing education and preventative care, and by providing an interface for exchanging data with a Personal Health Record (PHR).
- Ensure access to mental health information that enables consumers to be informed and make sensible choices within the mental health system.
- Promote informed, collaborative decision-making processes for clients, families, and clinicians.
- Assist service providers with recording and monitoring the client needs and provide a means of reporting the utilized treatments that can be linked to the ongoing improvement of service quality and recovery.
- Provide complete and accurate health information that is crucial in reducing medical errors and improving care coordination such as medication history, lab results, and other clinical information
- Provide the ability to review treatment and recovery information in a standardized format in order to develop decision support tools for improved client treatment by enabling the measurement of quality indicators as determined by national, state and county standards.
- Aid decision-making by providing access to health record information where and when they need it and by incorporating evidence-based decision support.
- Provide for integrated outcomes measurements that assess services and determine their cost-effectiveness.
- Enable a collaborative decision-making process with service providers, consumers, and families in all aspects of the mental health system.

### *2.5 Lab Services Process Improvement*

The CTC will consider the following lab services goals when selecting systems:

- Improve proficiency testing.
- Improve turnaround time.
- Improve laboratory resource planning
- Improve QC charting and inspection scores.
- Reduce write-offs due to improper diagnosis coding.
- Implement bar code scanning in order to help reduce consumable supply costs and potential for medical errors.

### *2.6 Billing and A/R Process Improvement*

The CTC will consider the following billing and A/R management goals when selecting systems:

- Achieve the ability to electronically process claims and receive electronic remittance from the Medicaid or Medicare programs, selected private insurance carriers, and managed care organizations.
- Achieve accurate open item billing and account management.

- Achieve information system capabilities that support the management of all patient and business facets of both capitated and fee-for-service managed care contracts.

### *2.7 Health Information Exchange*

- Provide clinicians with secure, real-time access to accurate, client-centric, clinical information that is communicable through interoperable behavioral and medical health systems using standards developed by Standards Developing Organizations (SDOs), such as the Certification Commission for Healthcare Information Technology (CCHIT) and Health Level Seven (HL7).
- Allow different County systems to share information across a secure network environment both inside and outside their respective counties. Counties and their contract providers, hospital emergency departments, laboratories, pharmacies, and consumers and their families could all securely access information.

## 3 VENDOR REQUIRMENTS

This section describes the *general* requirements for the prospective vendor.

The Vendor Requirements section is broken out as follows:

1. Experience in Behavior Health and Long Term Care
2. Certification (CCHIT) Status/Plans
3. Support Description and Costs
4. Staffing
5. Data Conversion

### *3.1 Experience in Behavior Health and Long Term Care*

CTC should choose a vendor(s) (the "Vendor") that can best meet both clinical and billing management needs across the Inpatient, Outpatient, SNF business units. The Vendor should describe its experience in development of solutions for the behavior health and long-term care industries. The Vendor should describe its experience working with county and state inpatient hospitals, outpatient mental health clinics, as well as nursing homes. The Vendor should provide details on key clients serviced in the behavior health and long-term care industries. The Vendor should also speak to their involvement in any industry associations.

### *3.2 Certification (CCHIT)*

The Vendor should describe its experience in development of Certification Commission for Health Information Technology (CCHIT®) certified products (www.cchit.org ). The Vendor should describe its road map for meeting certification for behavioral health and long-term care when required by law and more specifically, ARRA 2009. The Vendor should also speak to its involvement in any CHHIT workgroups.

### *3.3 Implementation*

The Vendor must detail costs for services and implementation to BCHSD in the following areas:

- Installation
- Initial training
- Telephone consultation services
- Online Training Resources

In order to enhance organizational readiness, it will be important for BCHSD to formulate an implementation approach and change management plan which promotes an understanding of targeted improvement opportunities, the specific system implementation goals as well as the expected changes to workflow and processes. The Vendor should detail an implementation approach for BCHSD. Additionally, the Vendor should provide details on available implementation services including project planning, configuration, training and go-live support. The Vendor should describe its implementation and project management methodologies and experiences, specifically its work with government mental health systems.

### *3.4 Support Description with Accompanying Costs*

The Vendor must describe the services and cost for support to BCHSD in the following areas:

- On-going system support
- Future Training
- Software maintenance and enhancements
- Hardware maintenance (if applicable)

In the area of software maintenance and enhancements, the Vendor should agree to comply, modify, augment, and supplement the system in a timely manner to support BCHSD's compliance with federal, state and local regulatory requirements. To address such needs, the Vendor should outline software maintenance policies and terms and to specifically highlight those conditions deemed to be outside the scope of the software maintenance agreement. In addition, the Vendor should supply a general framework for how requested modifications outside the software support agreement are delivered.

The Vendor should clearly indicate when the maintenance contract begins and any hardware/software warranty or installation/acceptance period ends. Maintenance contracts annual renewal periods should be measured from the acceptance date by BCHSD for live operations. Vendors should submit detailed costs and training plans for initial training services. At a minimum, the training plans should include training objectives, course content, length of time required, CTC staff-level participation and ratio of hands-on practice to lecture time. Indicate clearly whether initial training is available at CTC's sites or only at the vendor's location, and any limits to the number of staff that can be trained under the plan. On-going vendor training programs should also be described and priced.

The Vendor should provide a full description of its support policies and methodology; describing their procedures for call tracking, response and resolution. This description should detail how different call severity levels are defined and responded to as well as the relating escalation process. It is expected that the Vendor will provide guaranteed response and resolution times at each call level. Vendors should provide for 24/7 support services. BCHSD is seeking a Vendor

that demonstrates effective use of internet based support systems that allow for real-time support access.

### *3.5 Vendor Staffing and Clinic Staff Responsibilities*

Support services are crucial elements in the selection of a vendor for BCHSD. For the operation of a successful system, the selected Vendor and BCHSD must participate in a relationship where there is a full understanding of the responsibilities assigned to each party. The CTC has limited personnel resources; however, BCHSD, through the IS department, will provide a dedicated Programmer Analyst to provide "level-1" support for BCHSD and serve as the primary liaison between BCHSD personnel and the Vendor. The vendor shall otherwise furnish the necessary support services needed to achieve a stable operating system, to be available by telephone or in person to resolve problems encountered in system use, and to provide necessary system enhancements. The Vendor should outline any specific requirements and duties for the designated system manager to ensure the integrity and successful operation of the proposed systems.

The Vendor should include details of the Vendor team responsible for providing system installation, configuration, training and account management, including the following:

- Name
- Title
- Responsibilities
- Length of employment
- Full-time equivalency

### *3.6 Patient Data Conversion*

Currently, the CTC has approximately 75,000 master patient records on file that will require electronic data conversion. CTC is also required to maintain electronic patient information history for 10 years prior. The primary source for data conversion is the billing system running on AS/ 400. In addition to the Master Patient File, CTC will need to convert payor information, payment history, account balances and potentially some transaction file data.

Appendix 6.3 describes the key data tables comprising the billing system.

The Vendor should describe their standard approach to data conversion for similar environments requiring access to historical patient information. The Vendor should provide examples of each approach described along with the associated costs to BCHSD. Vendors must also provide costs for the necessary data conversion activities.

## 4 DEPARTMENT SPECIFIC SYSTEM REQUIRMENTS

The Vendor should address the *specific features and functionality* of its products that can best meet the needs of the Inpatient, Outpatient, Nursing Home and Laboratory departments. These requirements formulate the criteria needed to provide critical support functions to increase productivity, improve financial performance, financial management and compliance programs.

The Vendor should also be able identify three client sites that use each of the proposed components of their system(s). A "Vendor Scorecard" will be generated based on the specific system features and functionality in order to assist BCHSD in the vendor selection process.

The System Requirements section is broken out as follows:

1. Enterprise–wide requirements
2. Billing Requirements
3. Patient Management
4. Inpatient Department requirements
5. Outpatient Department requirements
6. Nursing Home requirements
7. Laboratory Services requirements

### *4.1 Enterprise- Wide Requirements*

The list below represents system requirements across the CTC in its Inpatient, Outpatient, Skilled Nursing, Billing and Laboratory departments.

1. Infrastructure/Technical
2. Privacy and Security
3. Software
4. Hardware
5. Network Management
6. System Management
7. System Documentation
8. User Help and Tutorials
9. Data Inquiry and Reporting

#### *4.1.1 Infrastructure/Technical Requirements*

The Vendor should describe the hardware and software requirements. The Vendor should include details of basic privacy and security features.

The topics described should include;

1. Privacy and Security
2. Software
3. Hardware
4. Network Management
5. System Management
6. System Documentation
7. User Help and Tutorials
8. Data Inquiry and Reporting

##### *4.1.1.1 Software*

The Vendor should provide a list of their software product's modules, with associated version/release numbers. This list must include utility or operating system software required. If the proposing Vendor organization is not the author of the software, the Vendor should provide

the full name of the manufacturing software vendor and the commercial name of the package. The Vendor should list the bid price for each software package proposed. The Vendor's software offerings should be available to operate on standard versions of the Microsoft Windows operating system. It is preferred that the vendor software run under MS IE version 6.0 or higher.

In addition to the software required to satisfy the functional requirements, the Vendor should provide a list and bid price for any supplemental software that the Vendor recommends to fully satisfy their patient data processing needs.

#### *4.1.1.2 Hardware*

BCHSD wishes to make use of existing hardware and equipment where possible; therefore, the Vendor should submit hardware specifications to optimally run its system. These specifications should include sizing for server requirements, workstations, mobile devices, printers and any other related hardware. If the system carries any other third-party telecom requirements such as Internet access, this should be specified as well.

Below is a general description of the existing hardware and data center environment currently in place at BCHSD.

- IBM Blade Center
- Attached Storage Area Network running Raid DP
- All application and web servers are virtual servers in our VMware environment.
- Backup mechanism is IBM Tivoli
- Communication between Brown County Facilities is on private fiber
- The Database Server is on physical hardware and our current standard version is Microsoft SQL Server 2005 Enterprise Edition - 64bit
- Private Wireless Connectivity at 802.11b, g and n

#### *4.1.1.3 Information Exchange and Integration*

One of the most important goals an EHR system is to provide for the exchange of health information between providers. It will be crucial for BCHSD to plan for the exchange of data both internally and externally.

BCHSD should plan for data integration with the following systems:

1. Pharmacy
2. Lab Systems
3. County Systems
4. Health Information Exchange

The CTC should explore an E-prescribing interface for the Inpatient, Outpatient and Skilled Nursing business units. The Vendor should detail whether the software system offers an E-Prescribing and/or an interface to any Rx package(s), specifically, the currently contracted pharmacies of *HealthOne* (Inpatient and SNF) and *Streu's* (Outpatient).

The Vendor should describe how the system can track the ordering of laboratory tests and workflow for lab result integration with the EHR system. The Vendor should detail how it can help BCHSD develop interfaces with the County AS/400 and HRSA systems and the associated costs. The Vendor should provide details on the system's electronic data interchange capabilities and in what capacity these have been used by other providers. The Vendor should also provide examples of where their system has either been used in a multiple provider network working with other systems, or where their system has provided the foundation for a provider network utilizing HL-7 or other standard HIE protocols.

#### *4.1.1.4 System Management*

BCHSD will require an automated system that can perform unattended system and data backup operations on a user-scheduled basis. The System Manager must be able to establish new users on the system, remove users from the system, and set security access rights for users that both restrict and allow access to system capabilities. The system must conform to all requirements of HIPAA enablement and provide for 128-bit data encryption where applicable. The System Manager must be able to restrict access to selected system functions based on user identification. The security system must maintain an audit trail of staff access to patient records marked as confidential. The Vendor should detail the security features that are included in the proposed software to restrict access to patient financial, billing, and medical records information, including laboratory orders and results, to only those clinical and/or administrative staff that have a need to know the information.

The Vendor should provide system details on the following:

- Enforcing Confidentiality
- Audit Trails
- Security: Access Control
- Security: Authentication
- Security: Documentation
- Security: Technical Services
- Security: Audit Trails
- Security: Breach Information
- Medical Records Request

#### *4.1.1.5 System Documentation*

The Vendor should provide a brief description and samples of all documentation and manuals to be furnished to BCHSD. It must indicate the date the users' guides and training materials for the patient management software were last updated and whether this documentation corresponds to the version of the software proposed for delivery.

#### *4.1.1.6 User Help and Tutorials*

The proposed system should provide context-sensitive help messages that explain the operation and use of the data fields on each data entry screen. The system should provide lookup databases for data fields that have a large number of possible values (e.g., International Classification of Diseases database for diagnosis coding, Current Procedural Terminology database for procedure

coding) as well as lookup tables for data fields that have a limited number of value options (e.g., clinic provider identification, migrant labor camp code, type of encounter field). The user should be able to access lookup tables, such as the diagnosis and procedure code databases, by code as well as alphabetically. The system should provide edit checks on data fields and consistency checks between data fields to reduce data entry errors. The system should provide for automatic error logging and display the appropriate messages to indicate the cause of the error and possible actions to be taken. The system should contain an on-line tutorial that provides a self-paced tool for learning how to use the software. BCHSD should have the ability to print all product documentation for internal use at its discretion. The Vendor should describe the systems help menus and tutorials.

### *4.1.2 Data Inquiry and Report Generation*

BCHSD will require a system that allows staff to retrieve and display or print patient demographic, patient account, and selected clinical information in a timely manner. The new system should provide a report generation capability that allows the BCHSD staff to specify search criteria, sort criteria, and report contents. The system must process the request without significantly degrading the performance of the system for other users. The reporting system must allow BCHSD staff significant flexibility and capability in querying the patient and clinical database and in designing one-time and periodic reports.

As an alternative to a report generator, BCHSD should consider a reporting subsystem that mirrors or provides a copy of the active patient account and clinical data hosted on a separate disk drive or disk partition that can be analyzed using a separate reporting processor. BCHSD should also consider an approach that allows a user-specified export of a subset of the patient account management system data to a relational data base management system. This would allow the data processing load associated with management and analysis reporting to be removed from the "production" patient account management system and the speed of data analysis and reporting significantly enhanced.

The system should allow the user to define reports and save these report formats for reuse. The report generator should support using groups and subgroups in reports with subtotals and other calculations on numeric data fields (e.g., averages, percentages, subtotal) at each group/subgroup level. The report generator allows access to all patient data, including admission information, scheduling, billing, and medical records information, for inquiry and reporting.

The system should allow the user to export data into a comma-delimited American Standard Code for Information Interchange (ASCII) file format or Microsoft Excel spreadsheet format. The user should be able to query and report data in the proposed system using an Open Data Base Connectivity (ODBC) compliant database management system (e.g., Microsoft Access). The system should allow the user to create indices that could be used to speed production of reports for selected subsets of the patient populations. The Vendor should describe the system's reporting capabilities.

### *4.1.3 Patient Intake*

The proposed system should provide an efficient method for collecting and retrieving patient demographic, financial, insurance eligibility, and patient clinical data during the admission

process. The Vendor should describe how its system will manage the unique organizational structure of the CTC within a single system. The Vendor should describe how patient records can be easily shared among all the various CTC business units concurrently as well as the ability to communicate among providers and staff. The Vendor should describe how the system can assist the CTC with workflow management, including alerts, notifications and dashboards. The system should describe how CTC can ensure the appropriate medical consents are signed and how the system addresses compliancy during the admission process.

Key areas of the intake process that the Vendor should detail include:

- Eligibility Verification and Determination of Coverage
- Manage Client Demographics (Including Master Patient Index)
- Manage Consents and Authorizations
- Manage Patient Advance Directives
- Inter-Provider Communication
- Provider Demographics
- Manage Practitioner/Client Relationships
- Workflow Automation

The proposed system should give special consideration to identifying responsible parties, insurance coverage, and managed care plan eligibility/enrollment. In addition to the ability to retrieve patient information by a patient identification number, the system should provide the capability to uniquely identify patients using a combination of demographic information together with the patient's name. The system should also provide the capacity to retrieve patient information using the patient's Medicaid or Medicare numbers and warn the user of potential duplicate registration records for patients with matching identifiers.

The system should also accommodate transferring responsibility for individual members of a family unit to a new guarantor/responsible party to support a legal divorce, court custody directives, guarantor death, and other circumstances without requiring complete re-registration. This transfer of responsibility must also allow transfer of fiscal responsibility for past or future bills. The system should provide one or more free text fields for comments regarding the patient's insurance coverage, payment history, or other information important for administrative or clinical staff to know in serving the patient.

The system should accommodate multiple sources of payment for a given patient (e.g., Medicare, Medicaid, private insurance, self-pay, managed care plan membership, other categories) without requiring the patient to be assigned multiple accounts. The screen used to retrieve and display patients should display all sources of payment for which patients are eligible or have outstanding bills and third-party claims. The system should include a screen with a billing status indicator or code that indicates the financial category to which the patient and guarantor belong as well as the status of the patient/guarantor's account.

The Vendor should detail any system features that will assist BCHSD in automating the manual eligibility verification process. The Vendor should describe system functionality related to the

production and import feature of the 270/271 HIPAA Electronic Data Interchange ("EDI") and the applicable payors. The Vendor should describe any additional costs for this EDI functionality.

### *4.1.4 Patient Billing*

The proposed system should provide an efficient method for billing, accounts receivable management, and cash posting for Inpatient, Outpatient, Nursing Home, Lab and other community services. The system should also provide the ability to report this information at the procedural level and roll up the financial information to the county finance system.

The Vendor should describe how the system addresses the following:

- Service/Treatment Authorization Management
- Rules-Driven Financial and Administrative Coding Assistance
- Patient Billing
- Accounts Receivable
- Workflow management

The system must support payment plans for patients making scheduled payments on accounts. It must accommodate sliding fee scheduled, automatically calculate adjustments to a patient's bills on a consolidated basis for the various program services rendered. Payor responsibilities and receipts must be tracked at the encounter procedure level. Additionally, the system must accommodate Medicaid eligibility tracking.

The billing system must be capable of producing both demand and third-party bills for both psychiatric and medical services. The system must provide patient superbills in user-defined formats as well as the Health Care Financing Administration's (HCFA) 1500, the standard UB04 and 837 format. The system must accommodate various units of measure such as visits, units, and episodes. The system must read the patient's financial class from their registration record and show an exact amount of payment due, not just a percentage. The system must read and reflect patient health plan deductibles and co-payments.

The system must support billing mailers that allow the patient to reuse billing envelopes to mail their payment. A confidentiality feature must be included in the billing system that avoids sending bills for patients requiring confidential account processing. Conversely, the system must track the payment history of patients, generate appropriate dunning letters, and age accounts so that delinquent payers can be addressed appropriately. The billing system must allow reinstatement of accounts previously written off to bad debt.

The system must provide a patient account statement that summarizes the patient's account status. This statement must show, at a minimum:

- Patient receiving the service
- Patient guarantor and guarantor's address
- Date of service

- Services provided
- Diagnosis(es) associated with the services (simple English versus International
- Classification of Diseases - Version 9 [ICD-9] code)
- Provider rendering services
- Department, program, and cost center identification
- Service Fees
- Discounts or adjustments (including explanation) associated with the service
- Payments
- Source of the payment
- Outstanding balance
- Days past due on account (e.g., 30 days, 60 days, 90 days)

The system must produce a billing statement organized chronologically and by payment source detailing services billed to third-party payors; services billed to the patient; payments and adjustments received from third-party payors; and outstanding third party charges transferred to other insurance carriers or to the patient. The system must provide a convenient means for the billing staff to modify the format of the patient accounting statement. The system must also include edit and error checks to identify necessary corrections prior to submission. The billing system must maintain the filing sequence for insurance coverage and process and manage cascade billings between third party payors. The vendor should describe any experience with electronic claim submission to clearinghouses (specifically, *Payorpath*) and/or directly to payors.

The system should allow payments from Medicaid and Medicare to be batch posted manually or entered electronically via 835 EDI Electronic Remittance Advice ("ERA"). Furthermore, the Vendor should identify all other payors with working EDI ERA interfaces and associated costs for the interface. Batch posting requires the payor, check date, and check number to be entered only once and payments applied to multiple patient accounts until the total check amount is disbursed. The system should verify that payments disbursed to patient accounts reconcile to the total check amount. For user-specified insurance plans, the system should provide the capability to automatically adjust for contractual allowances during cash receipt posting. The system must identify and track patient deductibles and co-payments for health maintenance organization and managed care plans. The Vendor should also describe if the system has functionality for claim status checks via EDI 276/277 processing.
The CTC services patients whose eligibility for third-party reimbursement changes over time, therefore the system must provide a means to track multiple insurance program qualifications and coverage for patients. Additionally, the system must accommodate printing a corrected or duplicate insurance claim forms when remittance advices from third-party payors requires resubmission of a claim.

The system should provide flexible reporting capabilities. The Vendor should describe the editing capabilities in regards to billing formats and/or reports (e.g., move the position on the form where a particular field of information is printed or have additional information from the patient rerecord or encounter database print on a form) without Vendor intervention or special programming. The Vendor should describe the user's ability to create a new form or report without Vendor intervention or special programming. The Vendor should provide a list of the

standard billing forms included in the system and the cost for establishing new forms if vendor staff must do this.

### *4.1.5 Electronic Health Record and Clinical Data Management*

Congress authorized HHS to develop certification standards to guide distribution of at least $17 billion in incentive payments under the ARRA. This funding will go to doctors and hospitals that buy and demonstrate '*meaningful use*' of certified EHRs starting in 2011.

The Clinical Quality Workgroup of the federal advisory Health Information Technology Standards Committee presented ideas for '*meaningful use*' to the Health IT Standards Committee. To date, the workgroup's performance measures include 26 benchmarks already endorsed by the National Quality Forum.

The Vendor should describe its roadmap for meeting *'meaningful use'* for the benchmarks[1] identified below:



Psychiatry / Psychology

- % of med/all orders entered into CPOE
- % eligible patients who received flu vaccine
- Stratify reports by gender, insurance type, primary language, race, ethnicity
- % of all patients with access to personal health information electronically
- Report 30□day readmission rate

Nursing Home

- Pneumococcal Vaccination of Nursing Home/ Skilled Nursing Facility Residents
- % eligible patients who received flu vaccine
- Stratify reports by gender, insurance type, primary language, race, ethnicity

Other benchmarks that may be included;

- Submitting lab results electronically
- Supplying public health information
- Adhering to existing medical data privacy standards under the Health Insurance Portability and Accountability Act.

Many of the electronic health record requirements will be specific for each business unit, however, there are some general requirements that the Vendor should detail about its EHR functionality.

The Vendor should detail the following:

[1] NOTE: These benchmarks for 'meaningful use' were based on a draft version dated July 21, 2009. HHS could make further revisions before the law is finalized in December 2009.